

Gould Academy Winter Term

Admission Application

Applicant Information

First Name	Middle Name	Family Name	Nickname
------------	-------------	-------------	----------

Street/P.O. Box	City	State	Zip
-----------------	------	-------	-----

Home Phone _____ Cell phone _____

Email address _____ Male ____ Female ____ Board ____ Day ____

Year of Proposed Entrance _____ Current Grade _____ Applying for Grade 7 or 8 (circle one) Date of Birth _____

On-Snow Sport Alpine _____ Snowboard _____ Freestyle/Freeride _____ Nordic _____

Parent/Guardian

Name	Relationship
------	--------------

Street/P.O. Box	City	State	Zip
-----------------	------	-------	-----

Home Phone _____ Cell phone _____

Email address _____ Business Phone _____

Business Name	Occupation
---------------	------------

Parent/Guardian

Name	Relationship
------	--------------

Street/P.O. Box	City	State	Zip
-----------------	------	-------	-----

Home Phone _____ Cell phone _____

Email address _____ Business Phone _____

Business Name	Occupation
---------------	------------

Gould Academy Winter Term, *Admission Application continued*

Name of Student _____

Applicant lives with? ___ Father ___ Mother ___ Both ___ Other _____

Where should admission materials be sent? ___ Father ___ Mother ___ Both ___ Other _____

Where should bills be sent? ___ Father ___ Mother ___ Both ___ Other _____

Check if appropriate: ___ Father deceased ___ Parents Divorced ___ Father Remarried
 ___ Mother deceased ___ Parents Separated ___ Mother Remarried

If parents are divorced, who has legal custody of the applicant? _____

Are you applying for financial aid? ___ Yes ___ No

Information about brothers and sisters

Name	Age	School
------	-----	--------

Name	Age	School
------	-----	--------

Name	Age	School
------	-----	--------

Name	Age	School
------	-----	--------

Education

Please submit an up-to-date transcript with this application.

School Name	Dates of Attendance
-------------	---------------------

Address	City	State	Zip
---------	------	-------	-----

Head or Principal	Telephone	Fax Number
-------------------	-----------	------------

Name	Age	School
------	-----	--------

Signature of Applicant	Date
------------------------	------

Signature of Parent or Guardian	Date
---------------------------------	------

Gould Academy Winter Term, *Applicant Questionnaire continued*

4. Please write a 100-250 word response to one of the questions below.
 - 4a. Describe a person you admire or who has influenced you a great deal.
 - 4b. Explain the impact of an event or activity that has created a change in your life or in your way of thinking.

Student's Signature

Date

Gould Academy Winter Term

English Teacher Recommendation

Applicant Instructions

- Please type or print your name in the space below and give this form to your current English Teacher
- Attach an addressed, stamped envelope to: Gould Academy Admissions, P.O. Box 860, Bethel, ME 04217

Name of Student

Signature of Student

Date

Parent/Guardian, please read and sign the statement below.

I acknowledge that I waive my right to read the confidential teacher recommendation and/or school report for the student listed above.

Name of Parent or Guardian

Signature of Parent or Guardian

Date

Teacher Instructions

This form is part of a Winter Term application for Gould Academy. This recommendation will remain confidential and will not become part of the student's permanent record. When you have completed it, please photocopy it and send it to Gould Academy in the stamped envelope provided by the applicant. Be sure the parent/guardian has signed the form in the space above. Feel free to use additional sheets if necessary.

Thank you for your cooperation and candor.

Teacher's Name (please print)

Title

School

Gould Academy Winter Term, *English Recommendation continued*

Name of Student _____

How well do you know the student academically? _____ As a person? _____

Are you teaching the student this academic school year? Yes No

If no, what years did you teach the student? _____ How large is/was the class? _____

What course(s)? _____

Is the student on a block schedule? Yes No

Is this course part of a tracking system or designated as an honors or accelerated course? Yes No

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

How accurately does the student read and understand what he or she has read?

How well does the student write in comparison with other students whom you have taught? Please be specific about areas of strength and weakness.

How well does the student accept advice or criticism?

What are the first three words that come to mind to describe this student?

1. _____ 2. _____ 3. _____

Gould Academy Winter Term, *English Recommendation continued*

Name of Student _____

Please place check marks at the points that represent your evaluation of the student in comparison to other students in this or her age group whom you have taught. If you have no fair basis for judgment, please say so.

	One of the top few I have ever taught.	Excellent (top 10% this year)	Good (above average)	Average	Below Average	No basis for judgment
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to work independently						
Concern for others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is relatively weak or strong in any areas listed above, please elaborate.

Please comment on this student's character, citizenship, and contributions to your community.

Please add any additional information that will give us a more complete picture of the student.

Signature

Date

Mailing Address

Email Address

Telephone

Gould Academy Winter Term

Mathematics Teacher Recommendation

Applicant Instructions

- Please type or print your name in the space below and give this form to your current Mathematics Teacher
- Attach an addressed, stamped envelope to: Gould Academy Admissions, P.O. Box 860, Bethel, ME 04217

Name of Student

Signature of Student

Date

Parent/Guardian, please read and sign the statement below.

I acknowledge that I waive my right to read the confidential teacher recommendation and/or school report for the student listed above.

Name of Parent or Guardian

Signature of Parent or Guardian

Date

Teacher Instructions

This form is part of a Winter Term application for Gould Academy. This recommendation will remain confidential and will not become part of the student's permanent record. When you have completed it, please photocopy it and send it to Gould Academy in the stamped envelope provided by the applicant. Be sure the parent/guardian has signed the form in the space above. Feel free to use additional sheets if necessary.

Thank you for your cooperation and candor.

Teacher's Name (please print)

Title

School

Gould Academy Winter Term, *Mathematics Recommendation continued*

Name of Student _____

How well do you know the student academically? _____ As a person? _____

Are you teaching the student this academic school year? ___ Yes ___ No

If no, what years did you teach the student? _____ How large is/was the class? _____

What course(s)? _____

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

What math course would be the most appropriate placement for the student in our Winter Term? _____

Student's Mathematical Background: The courses listed below suggest a sequence typical of the mathematics curriculum in many US secondary schools. If your school does not follow this sequence, please attach your curriculum. Please check those courses or list others for which the student will have completed by the end of the current year.

- ___ Pre-Algebra
- ___ Basic First Year Algebra (does not include extensive study of rational expressions, irrational numbers, and quadratic equations)
- ___ First Year Algebra (a thorough course which included quadratics)
- ___ Geometry
- ___ _____

Please place check marks at the points that represent your evaluation of the student in comparison to other students in this or her age group whom you have taught. If you have no fair basis for judgment, please say so.

	One of the top few I have ever taught.	Excellent (top 10% this year)	Good (above average)	Average	Below Average	No basis for judgment
Knowledge of the basic skills						
Accuracy in the use of basic skills						
Problem solving ability						
Reasoning ability						
Understanding of and appreciation for the underlying ideas and concepts						
Effort						
Overall performance						
Willingness to accept the challenge of the more difficult problems and exercises						
Command of Mathematics when compared to others whom you have taught						

Gould Academy Winter Term, *Mathematics Recommendation continued*

Name of Student _____

What are the first three words that come to mind to describe this student?

1. _____ 2. _____ 3. _____

Please place check marks at the points that represent your evaluation of the student in comparison to other students in this or her age group whom you have taught. If you have no fair basis for judgment, please say so.

	One of the top few I have ever taught.	Excellent (top 10% this year)	Good (above average)	Average	Below Average	No basis for judgment
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to work independently						
Concern for others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is relatively weak or strong in any areas listed above, please elaborate.

Please comment on this student's character, citizenship, and contributions to your community.

Please add any additional information that will give us a more complete picture of the student.

Signature

Date

Mailing Address

Email Address

Telephone