



When choosing a school, get off to a “great start” by doing your homework. Learn as much as you can about VES—and other schools you may be considering—before beginning the application process. Read carefully the information sent by each school and, most importantly, visit the campuses to find out what living and learning on each is really like.

A STEP-BY-STEP GUIDE TO COMPLETING YOUR APPLICATION

1. Please complete this application and return it with an application fee of \$45 (\$100 for international applicants). You may make your check payable to “Virginia Episcopal School.”
2. The student should complete, sign, and return the Student Questionnaire.
3. A parent or guardian should sign the Request for Transcript and Standardized Testing and give it to the registrar at the student’s present school. The registrar should mail this form and the transcript directly to the Virginia Episcopal School in the envelope provided.
4. Distribute English and math evaluation forms to the appropriate teachers. Teachers are responsible for returning evaluations to VES in the envelopes provided.
5. All candidates are asked to take the Secondary School Admission Test (SSAT) offered during the year in various centers around the United States, on at least two dates in other countries and by appointment at several independent test centers in the United States and abroad. If the SSAT cannot be taken, please contact the Admission Office about alternative arrangements.
6. Parents who wish to apply for financial aid should contact the Admission Office. The necessary forms will be mailed to you. A request for financial aid will in no way affect the admission status of any candidate.
7. All candidates are required to have a campus visit as a part of the application process unless special circumstances prohibit them from doing so.

A recommendation about admission will be made by the Committee for Admission when all materials have been received and the campus visit is complete. You are welcome to contact the Admission Office at (434) 385-3607 for additional information or to determine the status of an application. Office hours are 8 a.m. - 5 p.m. weekdays. The Committee for Admission will begin considering completed applications on February 1 and continue throughout the spring.

Virginia Episcopal School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students.



VIRGINIA EPISCOPAL SCHOOL APPLICATION FOR ADMISSION

Name of Student last first middle (preferred name)
Applicant to enter grade as a Boarding Student or as a Day Student Beginning month 20 year
How did you first learn about Virginia Episcopal School?
Date of Birth month/day/ year Male Female Where born country name Citizenship country name
Religious Affiliation (optional) Social Security #
E-Mail Address

FAMILY INFORMATION

Father's Name (Dr./Mr.)
Home Address street address city state/country zip home phone number
Occupation Job title
Business Name and Address street address city state/country zip work telephone number fax number
E-Mail Address

Mother's Name (Dr./Mrs./Ms.)
Home Address street address city state/country zip home phone number
Occupation Job title
Business Name and Address street address city state/country zip work telephone number fax number
E-Mail Address

Please indicate name(s) of person(s) and address(es) who should receive report cards if different from above:

Name of person responsible for bills; include address if not noted on this application:

Are parents separated? Yes No Divorced? Yes No If yes, who has legal custody?

Name(s) of stepparent(s):

With whom does the student live?

Please star (*) which address above to use for all correspondence about this application.

Brothers and Sisters of Applicant

Date of Birth

Present School/Grade

street

city

state

zip

List any relatives who have attended Virginia Episcopal School (Indicate relationship and graduating class).

GUIDANCE AND ADMISSION INFORMATION

Applicant's Present School _____ Present Grade _____

School Address _____

School Phone # _____ School Fax # _____ Years in Attendance _____

Name/Address of any other school(s) attended over the past three years _____

Has applicant ever skipped a grade? Yes No which grade(s)? _____

Has applicant ever repeated a grade? Yes No which grade(s)? _____

Does applicant have an Educational Evaluation? Yes No Date of Evaluation: _____

Please submit the evaluation with the application or give the Evaluator permission to release this form to us.

Student has taken or will take the SSAT _____

Is your son or daughter taking any prescription medication? If so, please describe type, amount, and reason for prescription.

Can your son/daughter participate in organized team sports? Yes No Student's Height _____ Weight _____

Please share information to help us understand your child's athletic interests, talents, and team participation: _____

Other special talents and/or interests: _____

Has applicant ever received severe disciplinary censure at school or from the community? Yes No

School suspension? Yes No Asked to withdraw by school? Yes No Expelled? Yes No

Please share with us information about any significant discipline matters: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Identify team memberships and/or special recognitions. _____

If you have attended summer school, a boarding camp, sports clinic, or other summer program in the past four years, please indicate the name, location of the program, and the approximate length of your attendance. _____

Please list any voluntary or paid jobs you have had, within or outside the family, and indicate the approximate amount of time you have spent on them. _____

Please list the clubs and community programs you have belonged to as an active member over the past two years. _____

Comment here on any special opportunities you may have had (travel, study, meeting people, participation in any activity, etc.)

STUDENT WRITING SAMPLE

In reading your application, we hope to gain as complete a picture of you as possible. Please use this space (or a separate sheet of paper) to tell us something more about yourself. Tell us things that might not be apparent from the information you provided in earlier sections of this questionnaire. You can describe something about your family, an important experience, or your personal goals. By writing about something that matters to you, you will convey to us a sense of yourself. This should be in your own handwriting.

Date: _____ Signature of student: _____



VIRGINIA EPISCOPAL SCHOOL

REQUEST FOR TRANSCRIPT & STANDARDIZED TESTING

INSTRUCTIONS FOR PARENTS

Please complete the section below and give this form to the registrar at your child's present school.

_____ Age ____ Grade _____ has applied for admission to Virginia Episcopal School as a Day Boarding student in grade ____ for the 20 ____ - ____ session.

I, the parent of _____ request and authorize that my child's records be released to the officials of Virginia Episcopal School. _____

Signature of Parent or Guardian _____ Date _____

INSTRUCTIONS FOR THE SCHOOL

Please attach a copy of the student's transcript, which should include this year's courses with latest grades and the results of all aptitude and/or achievement tests taken by the candidate. In addition, please answer the questions below.

1. Please rate the student on the following personal qualities:

	No Basis for Judgement	Below Average	Average	Good	Excellent
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warmth of Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirit of Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty and Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What has the applicant accomplished in extracurricular areas, the arts, athletics, and student affairs? _____

3. Has the candidate been disciplined for serious misconduct? Yes No If yes, please explain. _____

4. Has the candidate's attendance at school been seriously affected by physical or emotional problems, outside activities, or other conditions? If yes, please explain. _____

Virginia Episcopal School has a rigorous daily program including competitive academics and required afternoon athletics or community service. How would you rate the candidate's prospects for all-around success? Unable to judge Poor Fair Good Excellent

Thank you for the time you have taken to complete this form and for assuring that we receive a transcript. Please return this form, the transcript, and testing results directly to Director of Admission, Virginia Episcopal School, P.O. Box 408, Lynchburg, VA 24505.

Signature _____ Name (print) _____

Position _____ Date _____

School _____

Address _____ Zip _____



VIRGINIA EPISCOPAL SCHOOL

STUDENT MATHEMATICS EVALUATION

Name of Applicant _____ Current Grade Level _____

1. How long have you known this student and in what context? _____
2. What is the name and level (advanced, honors, regular, etc.) of your course? _____
3. Title and author of text used: _____
4. What math course is recommended for this student for next year? _____
5. To what degree has the student mastered the material covered in the course so far? _____
6. Describe the student's ability in problem solving and in dealing with abstract concepts. _____
7. What is the student's working relationship with other students? _____
8. If you believe the candidate's record with you is not an accurate reflection of his/her ability, please comment on the circumstances that may have interfered with his/her achievement. _____

ACADEMIC EVALUATION

(Please check appropriate responses.)

Academic Potential

- limited fair average good outstanding

Academic Achievement

- limited fair average good outstanding

Study Habits and Industry

- does very little makes an effort in areas he/she enjoys works consistently always thorough

Attitude Toward Teachers

- generally negative & uncooperative passive generally positive and cooperative always responsive

Ability to work Independently

- needs constant supervision needs help frequently needs help occasionally always works well

Ability to Follow Directions

- Needs them repeated frequently needs lots of explanation occasionally needs help understands readily

Attention Span

- rarely on task easily distracted occasionally distracted always focused

Classroom Participation

- never volunteers attentive but quiet occasionally volunteers eagerly volunteers

Creativity and Originality

- Rarely manifests occasionally manifests independently generates ideas unusually creative

Intellectual Curiosity

- low average in one area only strong and varied

Please add any other comments that you feel are appropriate. _____

PERSONAL EVALUATION

(Please check appropriate responses.)

Honesty and Trustworthiness

- untrustworthy questionable trustworthy strong integrity

Consideration of Others

- seldom considerate usually considerate very considerate and respectful

Peer Compatibility

- serious problems a loner average friendly and well-received

Classroom Conduct

- frequently disruptive occasionally disruptive usually cooperative always cooperative

Response to Criticism

- overly defensive generally defensive usually appropriate always appropriate

Self-Confidence

- insecure usually needs some support generally confident healthy self-image

Sense of Responsibility

- poor average generally good very mature and responsible

Cooperation of Parent or Guardian

- no basis for judgement poor good excellent

Please add any comments that you feel would be helpful to our understanding of this student. _____

Thank you for the time you have taken to complete this form. Please return it to Director of Admission, Virginia Episcopal School, P.O. Box 408, Lynchburg, VA 24505.

Teacher's Signature _____ Date _____

Teacher's Name (please print) _____ Phone _____

School _____

Address _____
street address

city state/country zip

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VIRGINIA EPISCOPAL SCHOOL
STUDENT ENGLISH EVALUATION

Name of Applicant _____

Current Grade Level _____

- 1. How long have you known this student and in what context?
2. What is the name and level (advanced, honors, regular, etc.) of your course?
3. Please list a few literary titles assigned in this course.
4. Describe the student's class participation. Does he/she contribute eagerly or reluctantly?
5. How many essay assignments is this student responsible for handling in each term?
6. What is the student's working relationship with other students?

7. Please evaluate the applicant in the following areas:

Table with 4 columns: Category, Below, On, Above. Rows include Vocabulary (Oral, Written), Reading skill (Speed, Accuracy, Capacity for drawing inferences, Ability to move from literal to figurative), and Writing Sentence Structure (Clarity of style, Ability to organize ideas into logical sequence, Spelling, Punctuation).

8. Please discuss the student's overall performance in relation to his/her ability. _____

9. If the candidate's record with you is not an accurate reflection of his/her ability, please comment on the circumstances that have interfered with his/her achievement. _____

ACADEMIC EVALUATION

(Please check appropriate responses.)

- Academic Potential: limited, fair, average, good, outstanding
Academic Achievement: limited, fair, average, good, outstanding
Study Habits and Industry: does very little, makes an effort in areas he/she enjoys, works consistently, always thorough
Attitude Toward Teachers: generally negative & uncooperative, passive, generally positive and cooperative, always responsive

- Ability to work Independently
 needs constant supervision needs help frequently needs help occasionally always works well
- Ability to Follow Directions
 Needs them repeated frequently needs lots of explanation occasionally needs help understands readily
- Attention Span
 rarely on task easily distracted occasionally distracted always focused
- Classroom Participation
 never volunteers attentive but quiet occasionally volunteers eagerly volunteers
- Creativity and Originality
 Rarely manifests occasionally manifests independently generates ideas unusually creative
- Intellectual Curiosity
 low average in one area only strong and varied

Please add any other comments that you feel are appropriate. _____

PERSONAL EVALUATION

(Please check appropriate responses.)

- Honesty and Trustworthiness
 untrustworthy questionable trustworthy strong integrity
- Consideration of Others
 seldom considerate usually considerate very considerate and respectful
- Peer Compatibility
 serious problems a loner average friendly and well-received
- Classroom Conduct
 frequently disruptive occasionally disruptive usually cooperative always cooperative
- Response to Criticism
 overly defensive generally defensive usually appropriate always appropriate
- Self-Confidence
 insecure usually needs some support generally confident healthy self-image
- Sense of Responsibility
 poor average generally good very mature and responsible
- Cooperation of Parent or Guardian
 no basis for judgement poor good excellent

Please add any comments that you feel would be helpful to our understanding of this student. _____

Thank you for the time you have taken to complete this form. Please return it to Director of Admission, Virginia Episcopal School, P.O. Box 408, Lynchburg, VA 24505.

Teacher's Signature _____ Date _____

Teacher's Name (please print) _____ Phone _____

School _____

Address _____
street address

city

state/country

zip

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