

Saint Louis School Admissions Checklist for school year 2012-2013

OPEN HOUSE - Mamiya Theatre Sunday, 1:00 pm - November 20, 2011
Mamiya Theatre Saturday, 1:00 pm – January 21, 2012

NOTIFICATION OF ACCEPTANCE Upon completion of Step Five

REGISTRATION DEPOSIT DUE April 15, 2012

STEP ONE: THE APPLICATION

- Complete Application online at www.saintlouis-hawaii.org or contact the Admissions Office at (808) 739-4832.
- Submit \$60 Application Processing Fee/\$100 for International Students (Make checks payable to Saint Louis School [Non-refundable])

STEP TWO: THE ADMISSION TEST

- Grades 6-11 Please register for the SSAT (Secondary School Admission Test). The SSAT will be administered on the following Saturdays in 2011-2012.

October 15, 2011	January 7, 2012	April 21, 2012
November 12, 2011	February 4, 2012	
December 10, 2011	March 3, 2012	

To register for your desired test date please log on at www.SSAT.org or contact SSAT at (609) 683-4440.

STEP THREE: FORMS FROM THE PRESENT SCHOOL

- Print and Sign (2) TEACHER REFERENCE REPORTS. (Forms must be given to current English, Math or Science teachers only)
- Print and Sign (1) PRINCIPAL/COUNSELOR RECOMMENDATION form and submit to the school office.
- Print and Sign (1) CONSENT FOR RELEASE OF INFORMATION form and submit to the school office.

[To help expedite your request, we suggest providing a self-addressed stamped envelope to each Teacher, Principal or Counselor addressed to: Office of Admissions, Saint Louis School, 3142 Waiālae Ave., Honolulu, HI 96816]

STEP FOUR: THE MOST RECENT ACADEMIC RECORDS

- Copy of final report card for school year 2010-2011
- Copy of 1st semester report card for school year 2011-2012

STEP FIVE: THE PERSONAL INTERVIEW

- The Admissions Office will arrange for an interview between the applicant, parents(s)/guardian and the Admissions personnel, following receipt of the required admissions test results.

ADMISSIONS DECISIONS WILL TAKE PLACE UPON COMPLETION OF STEP FIVE.

SUMMER ORIENTATION / EVALUATION PROGRAM

- Applicants accepting admission to grades 6, 7, 8, and 9 will be **REQUIRED** to attend our Summer Skills Program to help make the transition seamless.
- Applicants for grades 10, 11 and 12: Attendance at Saint Louis Summer Credit Program *may be required*.



SAINT LOUIS SCHOOL

TEACHER REFERENCE REPORT

Name of Applicant: _____ Applicant for Grade: _____

TO THE PARENT/GUARDIAN:

Please complete the first line of the reverse side (Print or type, please). This report should be given to preferably the English, Math, or Science teacher during the latter part of the first semester.

Please provide the teacher with a plain stamped envelope (no return address) addressed to:

OFFICE OF ADMISSIONS
SAINT LOUIS SCHOOL
3142 Waialae Avenue
Honolulu, HI 96816-1579

TELEPHONE: (808) 739-4832
FAX: (808) 739-4711

The teacher will mail the completed form directly to Saint Louis and the information will be held in strict confidence.

I hereby give my permission to release the information indicated on the TEACHER REFERENCE REPORT regarding my child, _____ for the purpose of admission to Saint Louis School.

Parent/Guardian Signature _____ Date _____

TO THE TEACHER:

This student is an applicant for admission to Saint Louis School. We regard your professional evaluation of this child as a part of the criteria used in considering his application. Please complete the TEACHER REPORT on the other side. The parent/guardian is aware that any information you supply will be held in strict confidence. Please return this form directly to Saint Louis School. After the evaluation process, these references will be destroyed.

Thank you for your assistance.

Director of Admissions

HAWAII ASSOCIATION OF INDEPENDENT SCHOOLS
TEACHER REFERENCE REPORT

NAME _____ Applicant for Grade _____
Last First Middle

Class Level: Accelerated _____ High _____ Average _____ Low _____ Heterogeneous _____

Subject and/or Grade _____

Please check (✓) appropriate ratings. N/A (not applicable) may be used in areas where there is insufficient data.

ACADEMIC QUALITIES

Motivation (effort; drive)	•	•	
	occasional	moderate	maximum
Ability to work alone	•	•	
	needs help frequently	needs help occasionally	frequently works well
Homestudy habits	•	•	
	never completes assignments	completes assignments	does more than expected
Participation in discussion	•	•	
	contributes when called on	volunteers occasionally	joins in readily
Ability to express ideas orally	•	•	
	has some difficulty	good	exceptionally good
Use of time	•	•	
	occasionally well	usually well	often effectively
Organization of work	•	•	
	fair	average	excellent
Follows directions	•	•	
	needs much explanations	needs occasional help	responds quickly

PERSONAL QUALITIES

Leadership potential	•	•	
	a follower	occasionally seeks opportunities	natural leader
Classroom conduct	•	•	
	occasional misconduct	usually good behavior	good conduct
Cooperates with adults	•	•	
	sometimes	usually	nearly always
Personal/social adjustment	•	•	
	relates poorly with others	fluctuating relationships with peers; generally happy person	healthy self-image healthy peer relationship
Ability to work in a group	•	•	
	sometimes able to cope	usually effective	frequently works well
Consideration of others	•	•	
	occasionally considerate	usually	very thoughtful
Takes initiative	•	•	
	sometimes	occasionally	frequently
Fulfills responsibilities	•	•	
	sometimes	usually	nearly always
Uses suggestions or corrections	•	•	
	sometimes	usually	frequently

Observations which may help us to know this youngster are especially appreciated.

Evaluator's Signature _____ Print or Type Name _____

School _____ Date _____



SAINT LOUIS SCHOOL

TEACHER REFERENCE REPORT

Name of Applicant: _____ Applicant for Grade: _____

TO THE PARENT/GUARDIAN:

Please complete the first line of the reverse side (Print or type, please). This report should be given to preferably the English, Math, or Science teacher during the latter part of the first semester.

Please provide the teacher with a plain stamped envelope (no return address) addressed to:

OFFICE OF ADMISSIONS
SAINT LOUIS SCHOOL
3142 Waialae Avenue
Honolulu, HI 96816-1579

TELEPHONE: (808) 739-4832
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The teacher will mail the completed form directly to Saint Louis and the information will be held in strict confidence.

I hereby give my permission to release the information indicated on the TEACHER REFERENCE REPORT regarding my child, _____ for the purpose of admission to Saint Louis School.

Parent/Guardian Signature _____ Date _____

TO THE TEACHER:

This student is an applicant for admission to Saint Louis School. We regard your professional evaluation of this child as a part of the criteria used in considering his application. Please complete the TEACHER REPORT on the other side. The parent/guardian is aware that any information you supply will be held in strict confidence. Please return this form directly to Saint Louis School. After the evaluation process, these references will be destroyed.

Thank you for your assistance.

Director of Admissions

**HAWAII ASSOCIATION OF INDEPENDENT SCHOOLS
TEACHER REFERENCE REPORT**

NAME _____ Applicant for Grade _____
Last First Middle

Class Level: Accelerated _____ High _____ Average _____ Low _____ Heterogeneous _____

Subject and/or Grade _____

Please check (✓) appropriate ratings. N/A (not applicable) may be used in areas where there is insufficient data.

ACADEMIC QUALITIES

Motivation (effort; drive)	•	•	
	occasional	moderate	maximum
Ability to work alone	•	•	
	needs help frequently	needs help occasionally	frequently works well
Homestudy habits	•	•	
	never completes assignments	completes assignments	does more than expected
Participation in discussion	•	•	
	contributes when called on	volunteers occasionally	joins in readily
Ability to express ideas orally	•	•	
	has some difficulty	good	exceptionally good
Use of time	•	•	
	occasionally well	usually well	often effectively
Organization of work	•	•	
	fair	average	excellent
Follows directions	•	•	
	needs much explanations	needs occasional help	responds quickly

PERSONAL QUALITIES

Leadership potential	•	•	
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	relates poorly with others	fluctuating relationships with peers; generally happy person	healthy self-image healthy peer relationship
Ability to work in a group	•	•	
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Consideration of others	•	•	
	occasionally considerate	usually	very thoughtful
Takes initiative	•	•	
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Fulfills responsibilities	•	•	
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Uses suggestions or corrections	•	•	
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Observations which may help us to know this youngster are especially appreciated.

Evaluator's Signature _____ Print or Type Name _____

School _____ Date _____



SAINT LOUIS SCHOOL

PRINCIPAL/COUNSELOR RECOMMENDATION

Name of Applicant: _____ Applicant for Grade: _____

School: _____ City: _____

This report will be held in strict confidence. We request that it be completed by the principal or counselor who knows the student well. The backside of this form should be completed by the principal or counselor providing he/she has enough information to adequately evaluate the applicant. Upon completion, please mail this form as soon as possible to:

OFFICE OF ADMISSIONS
SAINT LOUIS SCHOOL
3142 Waialae Avenue
Honolulu HI 96816-1579

TELEPHONE: (808) 739-4832
FAX: (808) 739-4711

I hereby give my permission to release the information indicated on the PRINCIPAL/COUNSELOR RECOMMENDATION regarding my child, _____ for the purpose of admission to Saint Louis School.
Parent/Guardian Signature _____ Date _____

Recommendation Guidelines:

A simple check mark is sufficient for the student who clearly qualifies or does not qualify for Saint Louis School. Please give background sketches in doubtful cases where you wish to recommend a student either positively or negatively. Please encourage any teacher or counselor who has a special interest in the applicant to send additional information.

- I. A) Recommended Strongly: Academically _____ As a Person _____
- B) Recommended: Academically _____ As a Person _____
- C) Recommended with Reservations: (please elaborate)

- D) NOT Recommended: (please elaborate)
- _____

II. Parental Interest and Cooperation:

Excellent _____ Good _____ Fair _____ Poor _____ Unknown _____

Evaluator's Signature _____ Print Name _____

Position: _____ Date of Evaluation: _____

**HAWAII ASSOCIATION OF INDEPENDENT SCHOOLS
PRINCIPAL/COUNSELOR RECOMMENDATIONS**

NAME _____ Applicant for Grade _____
Last First Middle

Class Level: Accelerated _____ High _____ Average _____ Low _____ Heterogeneous _____

Subject and/or Grade _____

Please check (✓) appropriate ratings. N/A (not applicable) may be used in areas where there is insufficient data.

ACADEMIC QUALITIES

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	occasional	moderate	maximum
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Observations which may help us to know this youngster are especially appreciated.

 Evaluator's Signature _____ Print or Type Name _____

School _____ Date _____

SAINT LOUIS SCHOOL

CONSENT FOR RELEASE OF INFORMATION

PARENTS: Please complete and **submit this form to your son's current school**, which is being asked to provide information pertinent to your son's application.

I (We), _____, parent(s) or legal guardians of
_____, birthdate _____

hereby grant permission to _____, to release copies of
Current School

the following educational records of my (our) son to Saint Louis School:

1. Standardized testing results from current school
2. Current transcripts (current gr. 9-12 only)
3. Report cards
 - Last year's final report card
 - Most recent report card of the current school year
4. Teacher/Administrator reference reports

I understand that teacher reference reports are confidential and will not become part of my son's permanent file.

Parent/Guardian Signature: _____

Address: _____

City, State, Zip: _____

Telephone #: _____ Date: _____

Current School:

Please send the above requested information to:

*Director of Admissions
Saint Louis School
3142 Waialae Avenue
Honolulu, HI 96816*

Check Payment Voucher

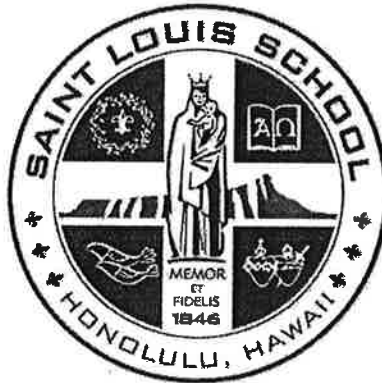
SAINT LOUIS SCHOOL

ADMISSIONS APPLICATION FEE VOUCHER

Applicant Name: _____

Grade Applying: _____

Address: _____



Make checks payable to Saint Louis School
\$60 Application Processing Fee / \$100 for International Students
(NON-REFUNDABLE)

Submit payment along with voucher to:
Saint Louis School
Admissions Office
3142 Waialae Avenue
Honolulu, HI 96816