Applicant Information

Applicant’s Legal Name _________________________________________________________________

First    Middle    Last                  Preferred Name

Applying to Grade _______    For the Fall of _________            Female           Male    Current School ________________________ ____ _

Parent or Guardian Name(s) _____________________________________________________________________________ ________

Our Promise

“Hawken School prepares students to navigate a complex and dynamic world with self-confidence and determination; embrace challenges with disciplined analysis and creativity; and engage others with empathy and integrity.”

Please answer the following questions in order to help us to better understand and serve your child. You are welcome to use additional paper if needed.

1. Considering Hawken’s Promise statement above, please tell us why Hawken School is a good match for your child, and how we may enhance the values you are instilling in your child.

2. Please describe your child’s academic and extracurricular achievements of which you are most proud.
3 Please provide us with specific examples that show your child’s strengths, such as anecdotes about his or her intellectual and personal qualities.

4 Please describe any areas where you feel your child faces challenges and how Hawken might help him or her to develop in these areas.

5 Please share any information that will help us become better acquainted with your child (e.g. health issues, learning differences, academic remedial or enrichment experiences, family circumstances).

6 Has your child ever undergone an evaluation administered by a clinical psychologist or psychiatrist, school psychologist, or educational specialist?

The signature below indicates that all information contained in the application forms is factually correct, complete, and honestly presented. The signature also verifies that the signer is the legal guardian for the above named student and is responsible for decisions involving the applicant’s education. Further, the signer acknowledges that the parent/guardian waives the right to read or obtain the confidential recommendations and/or the school report for the student applicant.

Parent Name (Print) ____________________________________________
Parent Signature ____________________________________________ Date __________

Thank you for taking the time to share your hopes for your child with us. Please return this to the Hawken School Admission Office by the admission deadline.