

Complete this form carefully and legibly.



First Name	Preferred/Nickname
Middle	Family
Current School	
Current Grade	Grade for which you are applying

Home Address: Street/P O Box	City			
State/Province	Country	Zip/Postal Code		
Home Telephone Number	Fax Number	(Include country, city and area codes on all numbers)		
E-mail Address				
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Date of Birth (Mo/Day/Year)	Country of Birth	City of Birth
Social Security Number (optional)		Country of Citizenship		
Month/Year of Proposed Entrance	Resident Status	<input type="checkbox"/> Day <input type="checkbox"/> 5 Day Boarding: <input type="checkbox"/> 7 Day Boarding:		

Family Information

1. Parent/Guardian Name

Home Address: Street/P O Box	City	
State/Province	Country	Zip/Postal Code
Home Telephone Number	Fax Number	(Include country, city and area codes on all numbers)
Occupation	Name of Company	
Business Address: Street/P O Box	City	
State/Province	Country	Zip/Postal Code
Business Telephone Number	Fax Number	(Include country, city and area codes on all numbers)
E-mail Address		

2. Parent/Guardian Name

Home Address: Street/P O Box	City	
State/Province	Country	Zip/Postal Code
Home Telephone Number	Fax Number	(Include country, city and area codes on all numbers)
Occupation	Name of Company	
Business Address: Street/P O Box	City	
State/Province	Country	Zip/Postal Code
Business Telephone Number	Fax Number	(Include country, city and area codes on all numbers)
E-mail Address		

With whom does the applicant live? Mother Father Both Other (please provide name) _____

Where should bills be sent? Mother Father Both Other (please provide name) _____

If parents are divorced or separated, who has legal custody of the applicant? Mother Father Other _____

Are you applying for financial aid? Yes No _____

List any admission tests you have taken _____

Language spoken at home _____

Information about brothers and sisters (use additional sheets if necessary)

Name	Age	School	Name	Age	School
1. _____			4. _____		
2. _____			5. _____		
3. _____			6. _____		

Current School _____

Independent Private/parochial Public _____

Dates of Attendance _____

School Address: Street/P O Box _____ City _____

State/Province _____ Country _____ Zip/Postal Code _____

Principal/Headmaster/Counselor Telephone Number _____ (Include country, city and area codes on all numbers)

Principal/Headmaster/Counselor Fax Number _____ (Include country, city and area codes on all numbers)

Principal/Headmaster/Counselor E-mail Address _____ (Include country, city and area codes on all numbers)

This section is for statistical information. Lee Academy seeks students from all backgrounds. We appreciate your response.

With which ethnic group(s) do you identify?
 African American American Indian (Tribe) Asian Latino European American/Caucasian Other/Specify _____

Student's Signature _____ Date _____

Parent or Guardian's Signature _____ Date _____



Name of Student

Grade

Complete this form carefully and legibly in your own handwriting.

Current School

Current Grade

Grade for which you are applying

Home Address: Street/P O Box

City

State/Province

Country

Zip/Postal Code

List and briefly explain any academic honors, awards, or prizes that you have received in the last 2 years.

List any clubs or organizations, in or outside your school, to which you belong.

List your hobbies, personal skills, recreational activities/sports, and summer jobs/experiences.

What musical, athletic, artistic or other activities might you pursue if you come to Lee Academy?

Countries to which you have traveled:

Name of Student

Student's Signature

Date

Write a 250-500 word response to one of the following statements. From this essay, we want a sample of your writing skills and a sense of who you are. Use additional sheets if necessary.

- Describe a person you admire or who has influenced you a great deal.
- Tell us something you would like us to know about you as a person.
- Explain the impact of an event or activity that has created a change in your life or in your way of thinking.



Lee Academy is a co-educational, day/boarding school in Lee, Maine. The school is known for its rural character, its academic reputation and its supportive family atmosphere. Lee Academy seeks students of strong character from a variety of ethnic, cultural, and economic backgrounds. Important to the success of students is our 10 to 1 student to teacher ratio, mandatory study halls, nurturing environment, and supervised opportunities to experience American culture.

Name of Student

Current Grade

To: (name of Principal/Headmaster/Counselor)

I authorize the release of my child's transcript, test scores and any related records, reports or evaluations, and request that they be sent to the Office of Admissions at Lee Academy. I also ask that you release updated transcripts to Lee Academy as they may be requested.

Printed Name of Parent or Guardian

Parent or Guardian's Signature

Date

Please submit the following materials with this recommendation

- Recent teacher reports, if any. Final or mid-semester grades for current term (must be included)
- Standardized test scores. Grades since 6th grade, if available.
- A school profile, if available.

How well do you know the student academically?

As a person?

In what month does your school year begin?

End?

Your school serves grades: to | How many students are enrolled in your school:

Please explain your school's grading system. What is a passing mark? Honors mark?

What percentage of your students receive average marks?

above average marks?

highest marks?

Does your school rank? Yes No | Is your rank: Approximate Exact

How many students are in this students entire grade?

| This candidate ranks:

out of

| How many other students share this rank?

Are students placed in course sections according to ability? Yes No | If yes, in which level is the applicant placed for each subject?

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

1.

2.

3.

If the student's attendance record is not listed on the transcript, please indicate the number of days he or she has been absent or tardy while at your school.

Most recent school year: Tardy Absent. Last school year: Tardy Absent.

If the student is not, or has not been, in good academic standing, please explain.

Name of Student: _____

If the answer to either or both of the following questions is yes, please provide a full explanation on a separate piece of paper.

Has the student ever been dismissed, suspended, placed on probation, or the recipient of other serious disciplinary sanction? Yes No

Has he or she withdrawn from school voluntarily for an extended period of time for reasons other than health? Yes No

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgement, please respond as such.

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below Average	No Basis for Judgement
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort/Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Take Intellectual Risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity (relative to age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Peers	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Overall Evaluation as a Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation as a Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student's application.

Signature _____

Date _____

Mailing Address _____

E-mail Address _____

Telephone Number _____



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Name of Student	Current Grade
Student's Signature	Date

To the Parent or Guardian: Please read and sign the statement below.
 I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above.

Printed Name of Parent or Guardian	
Parent or Guardian's Signature	Date

Name of English Teacher _____

How well do you know the student academically?	As a person?
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In what years did you teach the student?	How many students were in each class?
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What course(s)? _____

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

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

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

1.	2.	3.
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Name of Student: _____

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgement, please respond as such.

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below Average	No Basis for Judgement
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Take Intellectual Risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity (relative to age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Peers	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Overall Evaluation as a Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation as a Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student's application.

Signature

Date

Mailing Address

E-mail Address

Telephone Number



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Name of Student	Current Grade
Student's Signature	Date

To the Parent or Guardian: Please read and sign the statement below.
 I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above.

Printed Name of Parent or Guardian	
Parent or Guardian's Signature	Date

Name of Mathematics Teacher _____

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

In what years did you teach the student? _____ How many students were in each class? _____

What course(s)? _____

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

How strong are the students math skills in comparison with other students whom you have taught? Please be specific about areas of strength and weakness.

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 his or her age group whom you have taught. If you have no fair basis for judgement, please respond as such.

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below Average	No Basis for Judgement
Knowledge of the fundamental math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy in the use of these skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of and appreciation for underlying mathematical ideas and concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept the challenge of the more difficult problems and exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Command of mathematics when compared to other students whom you have taught.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What math course is the most appropriate next course of study for the student? _____

Name of Student: _____

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgement, please respond as such.

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below Average	No Basis for Judgement
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort/Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Take Intellectual Risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity (relative to age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Peers	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Overall Evaluation as a Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation as a Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student's application.

Signature _____

Date _____

Mailing Address _____

E-mail Address _____

Telephone Number _____