



## 2019/2020 STUDENT APPLICATION KINDERGARTEN

### STAGE I: PARENT VISIT

Tour of school and /or attendance at the Elementary (K-5) Information Night (Thursday, Feb.7, 2019)

### STAGE II: WRITTEN APPLICATION

To be considered for admission to the 2019/2020 school year, a completed application should be submitted by **February 22, 2019**. Acceptance decisions will be made by March 16. Late applications will be handled on a space-available basis only.

Please review the enclosed application instructions and check list.

### STAGE III: STUDENT VISIT

Student visit to Countryside School on Saturday, March 9, by invitation. Invitations will be sent by email after all applications have been reviewed.

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**Nondiscrimination Policy:** Countryside School admits academically qualified students of any race, color, national and ethnic origin to the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of gender, sexual identity, race, color, national and ethnic origin in administration of its education policies, admission policies, scholarship programs, and athletic or other school-administered programs.



Dear Prospective Family,

Thank you very much for your interest in Countryside School! We offer a unique educational program with strong academics in a warm, caring, and safe environment. Our kindergarten has been described as a magical place, and I agree wholeheartedly.

Countryside School enrolls students through an application process. The procedure helps identify students who will most benefit from the philosophy and goals of the school program and enables us to balance classrooms by age and gender.

Prospective kindergarten students must be five years old by September 1, should show evidence of readiness for a full-day academic program, and should be motivated to learn.

Enclosed is an Admission Application Packet for Kindergarten. Parents are requested to visit the school before the written application is submitted so that you may better understand the mission and philosophy of the school before making a decision about application for admission. You are also invited to attend the Elementary Information Night on Thursday, February 7, at 7 p.m. Childcare will be provided for children ages 3 and older during this meeting.

If you have any questions relating to the procedures or forms, please contact Judy Kaplan, our Admissions Director, at (217) 355-1253 or [kaplan@countrysideschool.org](mailto:kaplan@countrysideschool.org).

Again, thank you for your interest in Countryside School. I look forward to seeing you.

Sincerely,

A handwritten signature in blue ink that reads "Stephanie Harman". The signature is fluid and cursive, with a large initial 'S'.

**Stephanie Harman**  
Head of School



### WRITTEN APPLICATION INSTRUCTIONS

To be considered for admission to the 2019/2020 school year, a completed application should be submitted by **February 22, 2019**. Acceptance decisions will be made by March 16. Late applications will be handled on a space-available basis only.

### APPLICATION CHECK LIST

- Applicant information sheet with photo
- \$50 non-refundable application fee
- Parent questionnaire (2 parts)
- Recommendation form  
(one required; up to three accepted)
- Financial aid application (if relevant). Please read the Financial Aid page in this packet, and access the FAST application link on our website.

### APPLICATION SUBMISSION

Please contact us with any questions you have about the application process.

Submit your completed forms to:

**Judy Kaplan**  
Admissions Director

Countryside School  
4301 W Kirby Ave.  
Champaign, IL 61822

or email to [kaplan@countrysideschool.org](mailto:kaplan@countrysideschool.org)

Phone: 217.355.1253  
Fax: 217.355.7492

**Thank you for your interest in Countryside School.**

**Countryside School** is an independent school for grades K-8 that fosters high academic achievement, develops creative and critical thinking skills, and emphasizes balanced growth - intellectually, physically, emotionally, and socially - for every student.

For more information, please visit our website  
[www.countrysideschool.org](http://www.countrysideschool.org)



**INDEPENDENT. SINCE 1992.**

Countryside School is fully accredited through the Independent Schools Association of the Central States ([www.isacs.org](http://www.isacs.org)), is a member of the Illinois Coalition of Non-Public Schools, and is recognized by the Illinois State Board of Education. The extensive ISACS accreditation process, which must be repeated every seven years, assures that the school adheres to the highest quality educational and operational standards, and it holds the school accountable for achieving our mission *Joy in Learning, Excellence in Education*.

#### **WHAT IS AN INDEPENDENT SCHOOL?**

Independent schools are unique. Each was founded with a distinct mission – a specific, distinct approach to education. These schools are supported through tuition dollars, and do not receive any government funding. Such schools usually belong to an accrediting organization. Countryside is a member of ISACS (Independent Schools Association of the Central States).

*Joy in Learning*  
*Excellence in Education*



4301 W. Kirby Ave.  
Champaign, IL 61822  
217.355.1253  
[www.countrysideschool.org](http://www.countrysideschool.org)



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217.355.1253 • fax 217.355.7492

OFFICE USE

Date Received: \_\_\_\_\_

Date Fee Paid: \_\_\_\_\_

**All information provided to  
the school is strictly confidential**

### APPLICANT INFORMATION 2019/2020

This form is to be completed by a parent or guardian of the applicant. A \$50 non-refundable application fee must be attached. The fee covers processing and screening costs and will not be applied toward tuition.

#### APPLICANT

Boy  Girl

For Grade \_\_\_\_\_

Full Legal Name \_\_\_\_\_

Name student prefers (nickname) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

List schools attended (begin with current school year)  
\_\_\_\_\_  
\_\_\_\_\_

#### PARENTS

**1st Parent**  Mr.  Mrs.  Dr.  Ms.

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

**2nd Parent**  Mr.  Mrs.  Dr.  Ms.

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Parents are separated or divorced?  Yes  No

If so, with whom is the applicant living? \_\_\_\_\_

Should correspondence be mailed to both parents?  1st Parent  2nd Parent  Both Parents

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Work Number \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Work Number \_\_\_\_\_

Email \_\_\_\_\_

Who referred you to Countryside or how did you learn about the school?  
\_\_\_\_\_

**I certify that the information provided on this application is accurate and complete.**

Parent's or guardian's signature

Date

## PARENT QUESTIONNAIRE - PART 1

The information you provide below and the following checklist will help us get a sense of your child's abilities, interests, and personal style. Feel free to add any information you think might be useful in giving us a good picture of your child.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sibling \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sibling \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sibling \_\_\_\_\_ Date of Birth \_\_\_\_\_

Language spoken at home \_\_\_\_\_

1. What four adjectives best describe your child?

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2. Please describe your child's strengths and talents.

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3. What are your child's special interests and hobbies?

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PARENT QUESTIONNAIRE - PART 1 (Continued)

4. Please describe any areas that you feel need to be particularly encouraged in your child's growth and development.

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5. What are your goals for your child?

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6. Does your child have any chronic medical or psychological conditions or disabilities? If so, please explain.

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7. Why do you think Countryside School would be a good match for your child?

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## PARENT QUESTIONNAIRE - PART 2

Please indicate where, on each continuum, you feel your child falls for each of the items below. If you wish, comments may be added to provide further explanation.

	always			not at all	
Respects authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along well with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds well to redirection or correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes letters of alphabet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies consonant sounds with letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies short vowel sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attempts to write words. May use invented spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Able to read independently (please check all that apply):

two and three letter words     
  phonics readers     
  easy readers     
  chapter books

Can count up to which number: \_\_\_\_\_

Recognizes / reads numerals to: \_\_\_\_\_

Other math skills (please list) :

\_\_\_\_\_

\_\_\_\_\_

Additional comments:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## RECOMMENDATION FORM FOR STUDENTS ENTERING KINDERGARTEN FOR 2019-2020 SCHOOL YEAR

**To the applicant:** Please print the student's name on the first line below and give this form to at least one teacher, past or present. Include with each form a stamped envelope addressed to Judy Kaplan, Admissions, Countryside School, 4301 W. Kirby Avenue, Champaign, Illinois 61822. Please mark the envelope CONFIDENTIAL.

Name of Student \_\_\_\_\_ Applying for Grade \_\_\_\_\_  
 Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

**To the recommendation writer:** The above-named student is an applicant for admission to Countryside School. Countryside School is dedicated to offering a challenging and rewarding program to students who are motivated to learn. We would appreciate your candid and confidential evaluation of the applicant. Please mail the completed form directly to Countryside School or email to kaplan@countrysideschool.org. This form is for Admissions Committee review only. It is not available for applicant or parental review.

In what grades do you or did you teach this applicant? \_\_\_\_\_  
 How long have you known the applicant? \_\_\_\_\_

**Please circle the words that you feel describe this student:**

- |            |               |                    |                 |                 |                  |
|------------|---------------|--------------------|-----------------|-----------------|------------------|
| aggressive | confident     | easily discouraged | irritable       | organized       | self-centered    |
| anxious    | conscientious | follower           | loner           | over-protected  | self-disciplined |
| articulate | cooperative   | happy              | manipulative    | perfectionist   | shy              |
| average    | disobedient   | helpful            | motivated       | positive leader | social           |
| cheerful   | distractible  | honest             | negative leader | responsible     | well-liked       |

	Advanced for Age	Appropriate For Age	Needs Development	Below Age Level	
<b>Academic Traits</b>					
Academic potential	<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"/>	_____
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Effort/initiative	<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"/>	_____
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Organization of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to follow directions	<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"/>	_____
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to express ideas orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Use of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Participation in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fine motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gross motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**RECOMMENDATION FORM FOR STUDENTS (Continued)**

	Advanced for Age	Appropriate For Age	Needs Development	Below Age Level	Comments
<b>Character and Personality</b>					
Conduct	<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"/>	_____
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Social relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interaction with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sense of humor	<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"/>	_____
Respect for others	<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"/>	_____

Please write a few words of recommendation in the space provided below. Include your impressions about this student's academic ability, work habits, and relationships with peers.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please comment on this applicant's attendance, behavior in the classroom, attitude, and emotional maturity.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parental expectations, cooperation, and involvement with the school (please describe):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Math Readiness     High     Average     Low    Comments \_\_\_\_\_

Reading Readiness     High     Average     Low    Comments \_\_\_\_\_

English fluency, if not native English speaker \_\_\_\_\_

**I recommend this candidate:**

Enthusiastically     Strongly     Fairly Strongly     Without Enthusiasm     Not Recommended

Name \_\_\_\_\_ Position \_\_\_\_\_

School \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Date \_\_\_\_\_