

Salem Academy

Admissions Procedures

Thank you for your interest in Salem Academy. We look forward to receiving your application for admission and the supplementary items described below. If you have any questions regarding this process, please feel free to contact the Office of Admissions at 336/721-2643 or toll free, 1-877-407-2536.

A. Application

- Complete the application for admission and send it with the application fee of \$50 to the Office of Admissions.

B. Student Essay

- Select *one* of the essays on the form provided and write a brief descriptive essay.

C. Scholastic Record Form

- Print your name at the top of the form, and ask your guidance counselor or principal to complete it.
- Transcript: Please ask your guidance counselor or principal to send us an official transcript with your current classes and grades. Grades and classes for the two previous years should also be included. Have your counselor enclose the scholastic record form and the transcript in the self-addressed envelope provided.

D. Recommendations

Print your name on each recommendation form and distribute each recommendation and self-addressed envelope to the appropriate person. If you are applying very early in the academic year, we ask that you wait until after your school's first grading period before submitting these forms.

- Current English Teacher
- Current Math Teacher
- Personal Recommendation

E. Secondary School Admission Test Scores (SSAT)

- Please plan to take the Secondary School Admission Test (SSAT) at a convenient test site as soon as possible. If you have already taken the SSAT, please arrange for us to receive a copy of these scores.

F. Interview

- Schedule a visit to Salem Academy for an interview with a member of the Office of Admissions.

G. Parent Form (Optional)

- In order to better serve each student and her family, we ask that a parent complete this form and return it to us.

As soon as we receive all of the necessary information described above, the Admissions Committee will evaluate your application. Salem Academy is on a "rolling" admission plan so we will notify students of our decision as soon as the application is complete. Priority consideration will be given to early applicants.



Salem Academy

Application for Admission

Application fee: \$50

Applying for fall 20 _____ Check one: Day applicant Boarding applicant

Current grade level _____ Applying for grade _____

Optional: Please
attach a recent
photograph

Applicant Information

Name _____
First Middle Last Preferred name

Home address _____
Street City State Zip

Telephone number _____ E-mail address _____

Social Security No. _____ Birth date _____ Place of Birth _____

Ethnic origin (optional) _____ Citizenship _____

Family Information

Father's full name _____ Mother's full name _____

Father's address _____ Mother's address _____

Home phone _____ Home phone _____

Father's occupation/title _____ Mother's occupation/title _____

Father's employer _____ Mother's employer _____

Employer's address _____ Employer's address _____

E-mail address _____ E-mail address _____

Business phone _____ Business phone _____

Parents are: Married Divorced or separated Father deceased Mother deceased

Student resides with (please check all that apply): Both parents Mother Father
 Stepmother Stepfather Guardian _____
Name Relationship

To whom should information be sent? Both parents Mother Father
 Other _____
Name Address

Please list the names, ages, grades, and schools of all brothers and sisters of the applicant:

Academic Information

Applicant's current school _____

School address _____

School telephone _____ Length of enrollment at current school _____

Counselor's name _____

List other high schools attended (if any): _____

Has applicant ever been suspended or dismissed from any school she has attended? No Yes

Please explain _____

Has applicant taken the SSAT? No Yes Scores received _____

If student has not taken the SSAT, when does she plan to take the test? _____ Where? _____

Has the student taken any other standardized test (i.e., PSAT, SAT, etc.)? No Yes

Please explain _____

Personal Information

Please list any awards and/or honors the applicant has received: _____

What extracurricular activities does the applicant enjoy? _____

What is the applicant's religious affiliation? (optional) _____

Is the applicant in good general health? Yes No

Please explain _____

How did the applicant learn about Salem Academy? _____

To what other private schools is the applicant applying? _____

Please list the names and relationships of all relatives who attend or attended Salem Academy. _____

Does the applicant wish to receive financial aid information? Yes No

Fees

A nonrefundable fee of \$50 must accompany this application. Checks are payable to Salem Academy.

It is understood that if a student is enrolled, her place is engaged until the end of the school year, and no deductions will be made in case of dismissal or withdrawal (except in the case of prolonged illness).

Signatures

Upon signing this form, you are confirming that the information you have provided is accurate and truthful to the best of your knowledge. It is understood that the family is responsible for payment of all fees applicable to each year's enrollment. Furthermore, your signature authorizes Salem Academy to contact your daughter's current school to obtain additional academic and personal information.

Applicant _____ Date _____

Parent/Guardian _____ Date _____

Please return to:

Salem Academy, Office of Admissions, 500 East Salem Avenue, Winston-Salem, NC 27101, 336/721-2643

Salem Academy welcomes qualified students of any race, color, national origin, religion, or ethnic origin to all rights, privileges, programs, and activities of this institution. It does not discriminate on the basis of race, color, national origin, ethnic origin, religion, or physical handicap in administration of its educational policies, admission policies, scholarship programs, or other institutional programs.



Salem Academy

Scholastic Record Form

To be completed by the Guidance Counselor or Principal.

Name of applicant _____

The student named above is applying for admission to Salem Academy. Please share your thoughts about her as a student and as a citizen in your school by completing this form and returning it to the Office of Admissions with the following:

- **Official transcript** showing grades (and credits, if given) for the past two years and for the current school year.
- **Standardized testing** scores.

Number of students in applicant's grade level: _____

Applicant's rank: top 25% top 50% lower 50%

Please indicate student's ability grouping, sectioning, or tracking compared to other students in her grade:

advanced regular slow

If the applicant has been in disciplinary trouble at your school, please explain. _____

If attendance or tardiness has been a problem for this student, please describe. _____

Please share with us your thoughts regarding this student's presence at your school. How does this student interact with her peers? Her teachers? What are her strengths and weaknesses? _____

Are there outside factors (i.e., family, physical needs, etc.) that we should know about this student? Please explain. _____

Please evaluate this applicant in relation to other students in her age group by checking the appropriate spaces below:

	Truly Outstanding	Excellent	Good	Average	Below Average
Academic Potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic Performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependability/Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Character/Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

After considering this student's academic and personal qualities, how would you recommend this candidate to Salem Academy?

- Enthusiastically
 Confidently
 With Reservations*
 Do Not Recommend*

*(Please Explain) _____

Thank you for your assistance. Please be assured that your comments will be given full consideration and will be treated confidentially.

Name (Print) _____ Date _____
 Position _____ School _____
 Signature _____



Salem Academy

English Teacher Recommendation

To be completed by current English Teacher.

Name of applicant _____

How long have you known the applicant? _____

In what courses have you taught this student? _____

What texts are you using in this course? _____

Section level: (Circle one) Advanced Regular Slow

How well does the applicant write in comparison with other students you have taught? Please be specific about her strengths and weaknesses. _____

Please share with us your thoughts regarding this student's presence in your class and in the school community. Do you enjoy having her in your class? _____

Are there outside factors (i.e., family, physical needs, etc.) that we should know about this student? Please explain. _____

Please evaluate the candidate in relation to other students of the same age and grade that you have taught in English by checking the appropriate spaces below:

	Truly Outstanding	Excellent	Good	Average	Below Average
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mechanics/Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Style	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Content/Originality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading Comprehension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Class Participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct/Attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependability/Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Character/Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

After considering this student's academic and personal qualities, how would you recommend this candidate to Salem Academy?

- Enthusiastically
 Confidently
 With Reservations*
 Do Not Recommend*

*(Please Explain) _____

Thank you for your assistance. Please be assured that your comments will be given full consideration and will be treated confidentially.

Name (Print) _____ Date _____
 Position _____ School _____
 Signature _____



Salem Academy

Math Teacher Recommendation

To be completed by current Math Teacher.

Name of applicant _____

How long have you known the applicant? _____

In what courses have you taught this student? _____

What texts are you using in this course? _____

Section level: (Circle one) Advanced Regular Slow

How well does the applicant comprehend mathematical concepts compared with other students you have taught? Please be specific about her strengths and weaknesses. _____

Please share with us your thoughts regarding this student's presence in your class and in the school community. Do you enjoy having her in your class? _____

Are there outside factors (i.e., family, physical needs, etc.) that we should know about this student? Please explain. _____

Please evaluate the candidate in relation to other students of the same age and grade that you have taught in mathematics by checking the appropriate spaces below:

	Truly Outstanding	Excellent	Good	Average	Below Average
Mathematical Aptitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Basic Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy Using Basic Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem-Solving Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reasoning Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding Abstract Concepts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Class Participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct/Attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependability/Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Character/Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

After considering this student's academic and personal qualities, how would you recommend this candidate to Salem Academy?

- Enthusiastically
 Confidently
 With Reservations*
 Do Not Recommend*

*(Please Explain) _____

Thank you for your assistance. Please be assured that your comments will be given full consideration and will be treated confidentially.

Name (Print) _____ Date _____

Position _____ School _____

Signature _____



Salem Academy

Personal Recommendation Form

Name of applicant _____

To the Applicant: This form and a self-addressed envelope should be given to an adult, other than a parent or relative, who has worked with you in an activity or special interest you enjoy outside the classroom, or to any other adult who knows you personally.

To the Recommender: The student named above is applying for admission to Salem Academy. Your candid responses to the questions below will help us in our evaluation and will be held strictly confidential. Thank you.

In what capacity do you know the applicant? _____

How long have you known the applicant? _____

Please share with us your thoughts regarding this student. Comment specifically on her strengths and weaknesses and her ability to work with her peers and adults. What is your impression of her self-concept and her outlook on life? _____

Are there outside factors (i.e., family, physical needs, etc.) that we should know about this student? Please explain. _____

Please characterize the candidate in relation to other young people with whom you have worked by checking the appropriate spaces below:

	Truly Outstanding	Excellent	Good	Average	Below Average
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependability/Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Character/Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaction to Setbacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern for Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Warmth of Personality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of Humor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signature _____ Date _____
 Name (Print) _____
 Address _____ Telephone _____



Salem Academy

Parent Statement (OPTIONAL)

To be completed by a Parent or Guardian.

Name of candidate _____

We are delighted to consider your daughter for Salem Academy and appreciate your support in the application process. In order for us to get to know your daughter better, we ask you to fill out this form so that we may have a more complete picture of this student. Thank you so much for your cooperation.

Why is your daughter considering Salem Academy? _____

What do you see as your daughter's greatest strength and weakness? _____

Up to this point, has school been a positive experience for your child? How would you assess her progress academically and personally? _____

In what type of learning environment do you think your child responds most favorably? _____

What do you hope your daughter will experience at Salem Academy? _____

For boarding applicants: After reading our materials and learning about Salem Academy, how do you think your child will adapt to the challenges of living away from home in a dormitory? _____

Signature _____ Date _____
Name (Print) _____
Address _____ Telephone _____

