

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 _____

