



Ricks Institute Application for Admission

(to be filled out by the Candidate; please write/print clearly)



Photo

Student Name _____ Last _____ First _____ Middle _____

Applying to Enter the 20____ [] Boarding [] Day

Present Grade: _____

Applying for what Grade? _____

Home Address: _____

Cell Phone: _____

Email _____

Date of Birth: _____

Place of Birth: _____

Present school: _____

Present School Address: _____

Country: _____

School Phone: _____

Name of Your Principal: _____

Why do you want to attend Ricks and what do you hope to accomplish here? _____

What kind of activities would you participate in at Ricks? _____

In what academic area(s) would you like to improve? _____

In what academic area(s) do you excel? _____

Where do you see yourself having the most impact at Ricks and why?: _____

Sports participation and experience (if applicable, indicate team position or event, team level and experience, awards): _____

What are your extracurricular activities, hobbies and special interests? _____

What unique experiences or qualities would you bring to the Ricks community? _____

What other extra activities are you involved with? _____

Other children in family attending Ricks:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Have any family members attended Ricks? If yes, please give their names, their relationship to you and years of attendance.

Name

Relationship

Years of Attendance

How did you learn about Ricks? _____

To Be Filled Out By The Candidate'S Parents

Father's Name: last _____, first _____

Home Address: _____

Cell Phone: _____

Email: _____ Occupation _____

Mother's Name: last _____, first _____

Home Address (if different): _____

Cell Phone: _____

Email: _____ Occupation _____

What do you believe your son or daughter will contribute to this community? _____

What would you like to see your child participate in at Ricks? _____

What are your expectations of Ricks? _____

What are your child's personal strengths? _____

What are your child's personal weaknesses? _____

What are your child's academic strengths? _____

What are your child's academic weaknesses? _____

Has the candidate ever had any psychological or educational testing and evaluation? If yes, please describe. _____

Is there anything else that is important for us to know about your child to help us best meet his or her needs? _____

Has your child ever been dismissed or withdrawn from school for illness, misconduct, academic failure or the use of drugs? No Yes If yes, please explain. _____

For Parents Of Boarding Students Only

Why are you considering boarding school? _____

How do you think your child will adapt to the challenges of living away from home? _____



Ricks Institute Personal Confidential Recommendation

Name of Candidate: _____

How long have you known the candidate? _____

In what context? _____

Please comment on the candidate's strengths and weaknesses and how these relate to his/her ability to perform in the essential areas of academic and extra- curricular activities. _____

What are your impressions of the candidate's character, values, goals, work ethic, and self esteem? _____

What else would you like us to know about this candidate? _____

Evaluator Information

Date_____

Relationship to Applicant:_____

Signature_____

Full Name_____

Phone_____

Address_____

Email_____