



DELBARTON

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2009-2010 Preliminary Application

Name of Applicant _____

last

first

middle

Date of Birth mo. ____ day ____ year ____ September 20 ____ for grade 7 9 10 11

Parents _____ Home Phone _____

Address _____ Business Phone _____

Town _____ Zip _____

Present School _____ Present Grade _____

All applicants for 10th and 11th grade must take the December 5th test.

Please circle date of entrance exam: Oct. 24 Nov. 7 Nov. 21 Dec. 5

Deadline for applying is Nov. 27. All paperwork is due Dec. 7.

Email Address _____

How did you hear about Delbarton School? (Please check all that apply.)

Website

Newspaper

Friends or Relative

Alumni

Other _____

Please return, along with Application Form #2, to the Office of Admissions, Delbarton School, 230 Mendham Road, Morristown, NJ 07960, with \$65.00 registration fee. Application fee waivers available upon request.

Telephone: (973) 538-3231, ext. 3019 Fax: (973) 538-8836



Applicant Information

1. Full name of applicant _____
Last First Middle

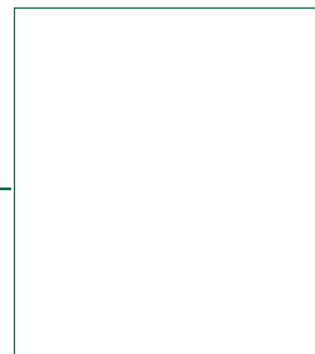
2. Name applicant is called _____

3. Home address _____
Street City State Zip

4. _____ 5. _____
Home telephone (include area code) Email address

6. _____ 7. _____
Date of birth Place of birth

8. _____ 9. _____
Religious affiliation of applicant Country of citizenship



Attach Photograph
(optional)

School Information

1. Current grade _____

2. Grade for which application is made
 Grade 7 Grade 9 Grade 10 Grade 11

3. Name of your present school and dates of your attendance:

Name Date

Street, City, Zip Telephone (including area code) Fax (including area code)

Independent Parochial Public

4. Name of schools you attended previously:

Name Telephone (including area code) Date of attendance

Name Telephone (including area code) Date of attendance

5. Indicate curricular honors and prizes you have received: _____

Indicate co-curricular honors and prizes you have received: _____

Parent Information *(continued)*

Mother:

Mother's full name _____
Last First Middle

Home address _____
(If different than applicant's) Street City State Zip

Home telephone (include area code) _____ Cell phone (include area code) _____

Name of employer _____ Employer's address _____

Business phone (include area code) _____ Email address _____ Fax (include area code) _____

Occupation/Title _____

Mother's college _____ Year graduated _____

Residence address: (If you would like another address to be used for mailing purposes, please indicate so in an attached letter. Duplicate mailings may be sent to two households at your request.)

Billing

Please indicate the person and address to whom all charges should be sent.

Name _____ Home phone (include area code) _____

Address _____
Street City State Zip

Signature of applicant _____ Signature of parent _____

(Continued on back)

Optional Information

While Delbarton encourages you to provide this information, it is not required. Its purpose is purely for our records. If you choose not to respond to these questions, it will not affect your candidacy for admission.

Predominant ethnic background:

- American Indian, Eskimo, Aleut African American Pacific Islander
- Arab American Caucasian
- Asian American Hispanic, Latino

Additional Information

This information is asked solely in connection with Delbarton's voluntary action to ensure no discrimination of qualified applicants on the basis of handicap. This information is being requested on a voluntary basis, will be kept confidential, and will not subject the applicant to any adverse treatment if not provided.

Has your activity ever been restricted due to illness or physical challenge? Yes No
If yes, please explain:

Do you have a learning disability that has been verified professionally (e.g., through school or private group)? Yes No
A student with a disability that necessitates a testing accommodations is required to submit a letter of request to the Dean of Admissions accompanied by a current formal academic evaluation/plan indicating the specific diagnosed disability.

Are you requesting financial aid? Yes No (If you check "Yes", a financial aid information and application packet will be sent to you.)

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2009-2010 Applicant Questionnaire

Please complete this questionnaire as promptly and completely as you can. **All answers must be submitted on this page only.** It is to be completed in your own handwriting without assistance from others and returned to the Admission office as soon as possible.

Full Name (print)

1. Personal Responses:

A. What makes you unique?

B. Why are you applying to Delbarton School?

C. Identify and describe a book you have read this year.

D. Give us a brief account of an important event in your life over the past five years.

E. What else would you like us to know about you?

In the next areas please indicate your level of interest or participation in each co-curricular activity. Please elaborate upon your involvement by telling us as specifically as you can your role in each area: position, accomplishments, awards, etc. For example, if you play a sport, tell us the position, the level of competition (Varsity, 8th grade, Little League); if you play a musical instrument, tell us how long you have played, how well you play, and whether or not you have given recitals, played in a band, or composed music. **We do not expect you to have been involved in all the activities mentioned below, but we want you to tell us about your activities.** Be sure to tell us which of your interests has been the most valuable to you and why.

(Continued on other side)

2. Arts: (Fine Arts, Drama, Music, etc.)

3. Athletics: (specify sports, levels, position, awards)

4. Ministry or Clubs: (volunteer work, hobbies, boy scouts, publications, etc.)

5. Summer Activities: (travel, work, etc.)

6. Positions of leadership: (responsibilities in school, community, etc.)

7. Have you ever enrolled at the Delbarton Summer School or Sports Camp?

Yes No If yes, please indicate course/sport taken, your teacher/coach, and dates of enrollment.

8. What three co-curricular activities do you most hope to participate in at Delbarton?

Applicant signature

Date



DELBARTON



2009-2010 Math Teacher's Report

To the Candidate: Please print the information requested in the top three lines and present this report to your current or previous years' math teacher.

Name of applicant _____ current grade _____

Name of school _____ address _____

Telephone (include area code) _____ fax (include area code) _____

To the Teacher:

Please give us your frank estimate of the applicant's intellectual promise, industry and character. For your convenience questions 1-9 may be answered on a separate sheet of paper and attached to this form. Members of the Faculty Admissions Committee find this report extremely important in helping them to make informed evaluations of an applicant to the School. Please be assured that your remarks will be kept in the strictest confidence and will be shown only to members of the Admissions Committee. We suggest that you sign across the seal to ensure confidentiality. Knowing the demands on your time, we are most grateful for your thoughtful and complete remarks about the candidate.

Course Title: _____

1. Please describe the content and level of the course (honors, standard, etc.). What text(s) is used? Where does the applicant stand in your course? _____

2. Is the applicant often tardy or absent? Yes No If yes, please explain. _____

3. Have you made any special accommodations to either support or enrich the applicant's academic program? Yes No If yes, please explain. _____

4. Do the parents perceptions or impressions of the applicant match those of his teachers? Why or why not? _____

5. How does he get along: With peers? _____

With adults? _____

6. What is outstanding about the applicant? _____

7. Applicant's strengths?

As a student? _____

As a person? _____

8. Applicant's weaknesses?

As a student? _____

As a person? _____

9. Additional comments: _____

10. What three words best describe the applicant? 1. _____ 2. _____ 3. _____

11. How many years have you been teaching? _____ Among all of the students you have taught, how would you rank this student?

| Truly Outstanding (Top 5%) | Excellent | Good | Average | Below Average | Unfavorable | No Basis For Judgement |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. In consideration of all the available evidence, how strongly do you recommend this applicant to Delbarton?

| | Truly Outstanding (Top 5%) | Excellent | Good | Average | Below Average | Unfavorable | No Basis For Judgement |
|------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Academic achievement | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| Potential for growth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Character | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conduct | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. If we have additional questions, may we call you? Yes No If yes, telephone number (include area code) _____

Most convenient time to call _____ Email address _____

Signature of teacher date

Name (Please print) position



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2009-2010 English Teacher's Report

To the Candidate: Please print the information requested in the top three lines and present this report to your current or previous years' English teacher.

Name of applicant _____ current grade _____

Name of school _____ address _____

Telephone (include area code) _____ fax (include area code) _____

To the Teacher:

Please give us your frank estimate of the applicant's intellectual promise, industry and character. For your convenience questions 1-9 may be answered on a separate sheet of paper and attached to this form. Members of the Faculty Admissions Committee find this report extremely important in helping them to make informed evaluations of an applicant to the School. Please be assured that your remarks will be kept in the strictest confidence and will be shown only to members of the Admissions Committee. We suggest that you sign across the seal to ensure confidentiality. Knowing the demands on your time, we are most grateful for your thoughtful and complete remarks about the candidate.

Course Title: _____

1. Please describe the content and level of the course (honors, standard, etc.). What text(s) is used? Where does the applicant stand in your course? _____

2. Is the applicant often tardy or absent? Yes No If yes, please explain. _____

3. Have you made any special accommodations to either support or enrich the applicant's academic program? Yes No
If yes, please explain. _____

4. Do the parents perceptions or impressions of the applicant match those of his teachers? Why or why not? _____

5. How does he get along: With peers? _____

With adults? _____

6. What is outstanding about the applicant? _____

(Continued on other side)

7. Applicant's strengths?

As a student? _____

As a person? _____

8. Applicant's weaknesses?

As a student? _____

As a person? _____

9. Additional comments: _____

10. What three words best describe the applicant? 1. _____ 2. _____ 3. _____

11. How many years have you been teaching? _____ Among all of the students you have taught, how would you rank this student?

| Truly Outstanding (Top 5%) | Excellent | Good | Average | Below Average | Unfavorable | No Basis For Judgement |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. In consideration of all the available evidence, how strongly do you recommend this applicant to Delbarton?

| | Truly Outstanding (Top 5%) | Excellent | Good | Average | Below Average | Unfavorable | No Basis For Judgement |
|------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Academic achievement | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| Potential for growth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Character | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conduct | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. If we have additional questions, may we call you? Yes No If yes, telephone number (include area code) _____

Most convenient time to call _____ Email address _____

Signature of teacher date

Name (Please print) position



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2009-2010 Principal or Counselor's Report

To the Candidate:

Please print the information requested in the top two lines and present this report to your principal or guidance counselor.

Name of applicant _____ date _____

Name of school _____ address _____

Telephone (include area code) _____ fax (include area code) _____

To the Principal or Counselor:

The student named above is applying for admission to Delbarton School. He is asking you to write this recommendation on his behalf. Members of the Faculty Admission Committee find this report extremely important in helping them make an informed evaluation of an applicant. Knowing the demands on your time, we are most grateful for your thoughtful remarks. Please return this form as soon as possible so the applicant can receive fair consideration. For your convenience questions 3-11 may be answered on a separate sheet of paper and attached to this form. Please be assured that your remarks will be kept in the strictest confidence and will be shown only to members of the Admissions Committee.

1. Attach to this form a complete transcript, including (1) final grades for the past two years (if possible), and at least the first marking period of the current year; (2) a full record of standardized testing; (3) indication of honors or accelerated sections.

2. This candidate ranks exactly _____ in a class of _____ students.
 approximately

3. How are the applicant's study habits and willingness to work? _____

4. Do you know the applicant in any other capacity? In what capacity and how has the student performed? _____

5. Is the applicant often tardy or absent? Yes No If yes, please explain. _____

6. Have you made any special accommodations to either support or enrich the applicant's academic program? Yes No
If yes, please explain. _____

7. How does he get along:

With peers? _____

With adults? _____

(Continued on other side)

8. What is outstanding about the applicant? _____

9. Applicant's strengths?

As a student? _____

As a person? _____

10. Applicant's weaknesses?

As a student? _____

As a person? _____

11. Do the parents perception or impressions of the applicant match those of his teachers? Why or why not?

12. What three words best describe the applicant? 1. _____ 2. _____ 3. _____

13. How many years have you been teaching? ____ Among all of the students you have taught, how would you rank this student?

| Truly Outstanding (Top 5%) | Excellent | Good | Average | Below Average | Unfavorable | No Basis For Judgement |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. In consideration of all the available evidence, how strongly do you recommend this applicant to Delbarton?

| | Truly Outstanding (Top 5%) | Excellent | Good | Average | Below Average | Unfavorable | No Basis For Judgement |
|------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Academic achievement | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| Potential for growth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Character | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conduct | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15. If we have additional questions, may we call you? Yes No If yes, telephone number (include area code) _____

Most convenient time to call _____ Email address _____

Signature of principal or counselor

date

Name (Please print)

position



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2009-2010 Co-curricular Recommendation (optional)

Name of applicant _____

Activity _____

Sponsoring organization _____

Number of years teaching or coaching this activity? _____

Number of years teaching or coaching this applicant? _____

Position/Role/Instrument played by the applicant: _____

Honors and awards received by the applicant: _____

What three words best describe the applicant:

1. _____ 2. _____ 3. _____

How would you rate the applicant against his peers in the following areas:

| | Truly Outstanding (Top 5%) | Excellent | Good | Average | Below Average | Unfavorable | No Basis For Judgement |
|--------------------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| Present ability in your activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Future potential in your activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Specific comments about applicant's ability and potential: _____

| | Truly Outstanding (Top 5%) | Excellent | Good | Average | Below Average | Unfavorable | No Basis For Judgement |
|------------|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| Leadership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Character | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conduct | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you think that the applicant would participate in this activity at Delbarton School?
(Please circle) Definitely Very Likely Possibly Unlikely

Is the applicant open to advice, correction and development in this activity? _____

Additional Comments: (Please use back of form) _____

Name of Teacher or Coach (please print) _____

Title _____

Date _____

Signature of Teacher or Coach _____

Phone Number of Teacher or Coach (include area code) _____



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2009-2010 Transcripts

To the Candidate's Parents:

The laws of confidentiality require that your son's school have your permission before releasing his transcript of grades. Therefore, please sign this release form and **FORWARD IT TO YOUR SON'S CURRENT SCHOOL COUNSELOR** so that the transmittal of the necessary papers can take place without undue delay.

To the Candidate's Counselor:

This will authorize you to forward _____'s transcript of grades (last two years plus current term) and record of standardized test scores to Delbarton School. Thank you very much for your help.

Parent's signature

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