



# Stearns High School

Est. 1923

## ADMISSIONS APPLICATION

Complete this form carefully and legibly.

First Name \_\_\_\_\_ Preferred Nickname \_\_\_\_\_

Middle Name \_\_\_\_\_ Family Name (Last) \_\_\_\_\_

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_ Grade for which you are applying \_\_\_\_\_

Home Address: Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ (Include country, city and area codes on all numbers)

Email Address \_\_\_\_\_

Male  Female  Age \_\_\_\_\_ Date of Birth (Mo/Day/Yr) \_\_\_\_\_ Country of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

Social Security Number (optional) \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Month/Year of Proposed Entrance \_\_\_\_\_ Resident Status \_\_\_\_\_ Day  5 Day Boarding  7 Day Boarding

### Family Information

1. Parent/Guardian Name \_\_\_\_\_

Home Address: Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ (Include country, city and area codes on all numbers)

Occupation \_\_\_\_\_ Name of Company \_\_\_\_\_

Business Address: Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ (Include country, city and area codes on all numbers)

Email Address \_\_\_\_\_

2. Parent/Guardian Name \_\_\_\_\_

Home Address: Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ (Include country, city and area codes on all numbers)

Occupation \_\_\_\_\_ Name of Company \_\_\_\_\_

Business Address: Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ (Include country, city and area codes on all numbers)

Email Address \_\_\_\_\_

# Stearns High School | Admissions Application (continued)

With whom does the applicant live? Mother  Father  Both  Other  (please provide name and relationship) \_\_\_\_\_

Where should bills be sent? Mother  Father  Both  Other  (please provide name) \_\_\_\_\_

If parents are divorced or separated, who has legal custody of the applicant? Mother  Father  Other  (please provide name) \_\_\_\_\_

List any admission tests you have taken \_\_\_\_\_

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

Information about brothers and sisters (use additional sheets if necessary)

Name	Age	School
1. _____		
2. _____		
3. _____		
4. _____		

### Current School Information

Independent  Private/Parochial  Public

Name of School \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

School Address: Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Zip Code \_\_\_\_\_

Principal/Headmaster/Counselor Contact Information  
(Include country, city and area codes on all numbers)

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

### Statistical Information

The Millinocket School Department seeks students from all backgrounds. We appreciate your response.

With which ethnic group(s) do you identify?

African American

European

American Indian (Tribe \_\_\_\_\_)

American/Caucasian

Asian

Other (Specify \_\_\_\_\_)

Latino

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

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

# Stearns High School | Questionnaire



Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

**Complete this form carefully and legibly in your own handwriting.**

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_ Grade for which you are applying \_\_\_\_\_

School Address: Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Zip Code \_\_\_\_\_

List and briefly explain any academic honors, awards, or prizes that you have received in the last 2 years.

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List any clubs or organizations, in or outside your school, to which you belong.

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List your hobbies, personal skills, recreational activities/sports, and summer jobs/experiences.

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What musical, athletic, artistic, or other activities might you pursue at Stearns High School?

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Countries to which you have traveled \_\_\_\_\_

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# *Stearns High School* | *Questionnaire (Continued)*

Name of Student \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Write a 250-500 word response to one of the following statements. From this essay, we want a sample of your writing skills and a sense of who you are. Use additional sheets or paper if necessary.

- Describe a person you admire or who has influenced you a great deal.
- Tell us something you would like us know about you as a person.
- Explain the impact of an event or activity that has created a change in your life or in your way of thinking.



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Name of Student \_\_\_\_\_ Current Grade \_\_\_\_\_

Student's Signature \_\_\_\_\_

To: (Name of Principal/Headmaster/Counselor) \_\_\_\_\_

I authorize the release of my child's transcript, test scores, and any related records, reports, or evaluations, and request that they be sent to the Superintendent's Office of the Millinocket School Department at Stearns High School. I also ask that you release updated transcripts to Stearns High School as they may be requested.

Printed Name of Parent or Guardian \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit the following materials with this recommendation

- Recent teacher reports, if any. Final or mid-semester grades for current term (must be included)
- Standardized test scores. Grades from 7<sup>th</sup> grade up to and including current grade, if available
- A school profile, if available

How well do you know the student academically? \_\_\_\_\_

How well do you know the student as a person? \_\_\_\_\_

In what month does your school year begin? \_\_\_\_\_ End? \_\_\_\_\_

Your school serves grades \_\_\_\_\_ to \_\_\_\_\_. How many students are enrolled in your school? \_\_\_\_\_

Please explain your school's grading system. What is a passing mark? Honors mark?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your school rank? Yes  No  Is your rank: Approximate  Exact

How many students are in this student's entire grade? \_\_\_\_\_ This student ranks \_\_\_\_\_ out of \_\_\_\_\_

Are students placed in course sections according to ability? Yes  No

If yes, in which level is the applicant placed for each subject?

\_\_\_\_\_  
\_\_\_\_\_

What are the first three words that come to mind to describe this student?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

If the student's attendance record is not listed on the transcript, please indicate the number of days he or she has been absent or tardy while at your school. Most recent school year: Tardy \_\_\_\_\_ Absent \_\_\_\_\_ Last school year: Tardy \_\_\_\_\_ Absent \_\_\_\_\_

If the student is not, or has not been in good academic standing, please explain.

\_\_\_\_\_  
\_\_\_\_\_

*Stearns High School* | *Principal/Headmaster/Counselor Recommendation (Continued)*

If the answer to either or both of the following questions is yes, please provide a full explanation on a separate sheet of paper.

Has the student ever been dismissed, suspended, placed on probation, or the recipient of other serious disciplinary sanction? Yes  No

Has he or she withdrawn from school voluntarily for an extended period of time for reasons other than health? Yes  No

If the student is relatively weak or strong in any areas, please elaborate \_\_\_\_\_

Please comment on this student's character, citizenship, and contributions to your community \_\_\_\_\_

Please add any additional information that will give us a more complete picture of the student \_\_\_\_\_

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student's application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_



# Stearns High School | English Teacher Recommendation (Continued)

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, please respond as such.

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below average	No basis for judgment
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>
Effort/Determination	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes Intellectual Risks	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity (relative to age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation of Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation of Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the student is relatively weak or strong in any areas listed above, please elaborate \_\_\_\_\_

\_\_\_\_\_

Please comment on this student's character, citizenship, and contributions to your community \_\_\_\_\_

\_\_\_\_\_

Please add any additional information that will give us a more complete picture of the student \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student's application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_





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Name of Student \_\_\_\_\_ Current Grade \_\_\_\_\_

Student's Signature \_\_\_\_\_

**To the Parent or Guardian:** Please read and sign the statement below.

*"I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above."*

Printed Name of Parent or Guardian \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Mathematics Teacher \_\_\_\_\_

How well do you know the student academically? \_\_\_\_\_

How well do you know the student as a person? \_\_\_\_\_

In what years did you teach the student? \_\_\_\_\_ How many students were in each class? \_\_\_\_\_

What course(s) \_\_\_\_\_

Is this course part of a tracking system or designated as honors or accelerated course? Yes  No

How strong are the student's math skills in comparison to other students whom you have taught? Please be specific about areas of strength and weakness.

\_\_\_\_\_  
\_\_\_\_\_

What are the first three words that come to mind to describe this student?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, please respond as such.

	<b>One of the top few I have ever encountered</b>	<b>Excellent (top 10% this year)</b>	<b>Good (above average)</b>	<b>Average</b>	<b>Below average</b>	<b>No basis for judgment</b>
Knowledge of fundamental math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy in the use of these skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of and appreciation for underlying mathematical ideas and concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept the challenge of the more difficult problems and exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Command of mathematics when compared to other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What math course is the most appropriate next course of study for the student? \_\_\_\_\_

# Stearns High School | Mathematics Teacher Recommendation (Continued)

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, please respond as such.

	<b>One of the top few I have ever encountered</b>	<b>Excellent (top 10% this year)</b>	<b>Good (above average)</b>	<b>Average</b>	<b>Below average</b>	<b>No basis for judgment</b>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>
Effort/Determination	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes Intellectual Risks	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity (relative to age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation of Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation of Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the student is relatively weak or strong in any areas listed above, please elaborate \_\_\_\_\_  
\_\_\_\_\_

Please comment on this student's character, citizenship, and contributions to your community \_\_\_\_\_  
\_\_\_\_\_

Please add any additional information that will give us a more complete picture of the student \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student's application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_