

ADMISSIONS PROCESS

Thank you for submitting your application to The Davis Academy. This document acknowledges receipt of your application and provides important information regarding the next steps of the admissions process.

Supplemental Admissions Forms:

Please complete and sign the Authorization for Release of Educational Records Form and the consent statement at the top of the Confidential Teacher Recommendation Form. The current school must mail your child's school records and Teacher Recommendation Form to The Davis Academy. It cannot be hand-carried by the parent or student. In order to get a valid recommendation on your child, please do not submit the recommendation form to your child's teacher prior to December 1.

Admissions Screenings:

Students applying for grades 1-8 will be asked to spend a school day at The Davis Academy. Applicants for grades 1-5 will participate in an educational evaluation during their visit. The Admissions Office will schedule appointments for these assessments.

All candidates for entrance into grades 6-8 are required to take the Secondary School Admission Test (SSAT). Please have the results sent to The Davis Academy (SSAT Number 2743). Information about the SSAT may be obtained from the school, or by visiting www.ssat.org.

The screenings and/or educational evaluations completed on applicant are for admission purposes only and cannot be interpreted independently of the teacher recommendations and school records. Therefore, this information will not be reviewed with applicants or their families, or shared with anyone other than members of the Admissions Committee.

Disabled candidates should identify themselves early in the application process so that accommodations can be arranged, if feasible, in admission testing procedures. Auxiliary aids and services will be made available on request.

Notification dates for admissions decisions are set each year by the Atlanta Area Association of Independent Schools (AAAIS). Please refer to The Davis Academy Application Deadlines and Checklist document for exact dates. In order to have your child's application reviewed in time for our admissions decisions, all applications and supporting materials (including a copy of your child's birth certificate) must be in our office <u>by</u> February 15.

Tuition Information

Full tuition details can be found on our website www.davisacademy.org/admissions/tuition. Supply fee and dining program are included in the tuition total. Supply fee includes books and other consumable text materials, school supplies, cultural activities, local field trips, and student accident insurance. Fees for overnight field trips are not included in the supply fee.

There are three payment plans available, a One Payment Plan, Two Payment Plan, and Nine Payment Plan. A payment option must be chosen at the time an enrollment contract is signed. The deposit fee of \$1,800 is due when the enrollment contract is accepted. There is a sibling discount of \$300 for the third child enrolled at Davis.

Tuition Assistance

Tuition assistance may be available for families with special financial needs. FACTS: Grant & Aid Assessment, an impartial service located in Lincoln, Nebraska, validates assistance for each family. Once FACTS makes its determination, The Davis Academy makes every effort to meet the demonstrated need. Please apply to FACTS online at www.factstuitionaid.com. All your supporting documents must be mailed to FACTS at P.O. Box 5688 Lincoln, Nebraska 68505 no later than **February 15**. Also, families should provide FACTS with a letter stating the reasons and circumstances of your request along with copies of all W-2 and 1099 forms, form 1040 and supporting schedules for the current tax year. Families who are applying for tuition assistance will need to file an early tax return in order to meet FACTS deadline.

The Davis Fund Annual Giving Campaign

Tuition at The Davis Academy is kept below the full cost of education to make a day school education a reality for as many students as possible. Each year, parents are asked to make a meaningful, tax-deductible contribution to the school's Davis Fund. It is expected that 100% of our families will participate at a suggested minimum gift of \$500 or more. Those giving \$2,500 or more are recognized as part of the school's Gesher Society. Gifts to The Davis Fund are unrestricted and enhance the school's annual operating budget. Every student and member of our faculty and staff benefit from our annual fundraising campaign. Your charitable contribution supports professional development for our teachers, maintenance of our campus, expansion of enrichment programs, the arts, athletic programs and annual recurring expenses.



AUTHORIZATION FOR INFORMATION & RELEASE OF EDUCATIONAL RECORDS

I give permission for

Parents/Legal Guardians: Please complete this form and forward it to your child's current school. The school must send the records directly to The Davis Academy.

	Current School
	Address/ Phone Number
	City/ State/ Zip/County
•	ete school records, including report cards, results, and discipline records regarding my child
	Student's Name
	to The Davis Academy.
	chool to send all final report cards and test scor The Davis Academy immediately upon availabili
Please forward th	ne records at your earliest convenience to
Atl	The Davis Academy Director of Admission 8105 Roberts Drive lanta, Georgia 30350-4120
	-
Parent Signature	 Date

The Alfred and Adele Davis Academy Confidential Teacher Recommendation Form for Fourth through Eighth Grade

To Parent(s) of Applicant:

To Parent/Legal Guardian: Please print or type this section and deliver this form to your child's teacher. The evaluator should mail these forms directly to The Davis Academy Admission Office. By submitting this evaluation form and in consideration of having this evaluation and your application considered by The Davis Academy, you hereby release its employees and representatives, the evaluator and the evaluator's employer from any and all claims and liability that may arise from the providing, obtaining, or using the form and the substance of the information provided by the evaluator. All information provided on the attached evaluation form will be held in strictest confidence and will not be shared with students, parents, or guardians. This evaluation will remain confidential and not become part of the student's permanent academic record.

Name of Applicant:_				Date of	Birth:				
Parent's Signature:_			Date:						
To Teacher: This child is applyin Your candid estimate									
AREAS	5	4	3	2	1	YOUR RATING			
Academic Ability	Superior	Fine Student	Capable of Passing Work	Marginal Ability, Questionable Motivation	Poor Academic Risk				
Integrity	Exceptionally Upright	Noticeably Upright	Upright	Weak or Questionable	Record of Dishonesty				
Conduct	Outstanding in Every Respect	Generally Excellent	Good	Marginal	Poor Personal Habits				
Initiative and Drive	Outstanding, Very Focused Average Generally Strong Weak Very Weak			Very Weak					
Personal Overall Qualities	Outstanding	Considerable Appeal	Okay-No Strengths or Weaknesses	Not Very Outgoing, Immature	Poor Impression, Very Immature				
Care and Concern for Others	Outstanding	Excellent	Good	Lacks Concern	Unconcerned				
Emotional Adjustment	Exceptionally Well Adjusted	Well Balanced	Usually Well Balanced	Circle One: Excitable Unresponsive	Circle One: Very Emotional Apathetic				
Recommendation as a Student	Outstanding	Excellent	Good	Fair	Poor				
Recommendation as a Person	Outstanding	Excellent	Good	Fair	Poor				
In the following sec	tion please mark	a check next to the	e appropriate resp	onses:					
1. Is the candi	date in good stand	ing and eligible to re	emain if you offer th	e next grade level?	YES	NO			
2. Does the ca	andidate have any	significant limitation	s that may affect his	s/her academic prog	gress? YES	_ NO			
If yes, pleas	se explain:								
3. How would	you rate this candi	date overall?							
Superior	Outstanding	_Above Average	_FairWeak	Unable to Rate					
4. How would	you rank the candi	date's performance	in your class? Abo	ve LevelOn Le	velBelow Lev	vel			
5. Please indic	cate whether the ca	andidate has ever be	een recommended	for any of the follow	ing programs:				

__Hearing___Impaired Vision____Gifted___Learning Disabled___

If yes, in which program did/does the child participate?

6.	Has the candidate been	given an educational evaluation by a diagn	ostician or ps	ychologist?	YES	_ NO
	If yes, when?	For what purpose?				
7.	Does the candidate hav	ion been taken regarding this student?* e any record of suspension or expulsion? nvolving alcohol or drugs been taken?	YES YES YES	NO NO NO		
	If yes to any of the abov	re answers, please explain:				
	*0	0.0.070)				
		0-3-670) requires that students in grades 7 anary record along with the usual transcript of				
8.	Is the candidate in good	I standing and eligible to remain if you offer	the next grade	e level?	YES	NO
9.	How do you consider the	e candidate's parents?				
		Usually cooperative Rarely cooperati heir child's ability Never had any com				ns
PLEAS	SE COMMENT ON THE F	OLLOWING: Attach an additional sheet if n	ecessary.			
Areas i	n which the student excel	3:				
Areas i	n which the student has th	ne greatest needs:				
-						
What s	trategies have you used to	o support the child's needs?				
of the c	candidate's possible succe teristics of the candidate t	nents about this student that would be helpfess in and contribution to The Davis Academhat seem to you to distinguish him or her fron	ny. You are e om other stude	ncouraged to ents with whom	comment can n you have be	didly on those
assure		rt in evaluating this student and assisting bo	is form, pleas			
		Email: admissions@davisa Fax: 770-671-883	8	D. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	0.4.000-	
		or of Admissions, The Davis Academy, 8				
		Phone Number:				
In what	capacity have you known	the applicant?		Length of acq	uaintance:	
School	Address:					
Teache	er's Signature:			Date:		



CANDIDATE QUESTIONNAIRE

for entrance into grades sixth through eighth

This questionnaire should be completed in the **handwriting of the student**. Please submit the completed form to: **The Davis Academy, Director of Admission, 8105 Roberts Drive, Atlanta, Georgia, 30350.**

ABOUT YOU												
Student Full Name:								Nicknan	ne:			
Male □ Female □ Hebr	ew Name	:						Birthdat	e:			
Address:				City:			State:_		_Zip:			
Home Phone Number:					E-Ma	ail Addre	ess:					
What language(s) are spok	en in you	r home?_										
What language(s) do you s	peak?											
ABOUT YOUR CURRE	NT SCH	OOL										
Name of School Now Atte	nding:									_Grade:		
Which adult knows you be												
What is his/her job at your	current s	chool?										
Who is your Language Arts Teacher? Who is your Math teacher?												
ABOUT YOUR INTERE	STS, AC	TIVITE	S, ANI	D TAL	ENTS							
Name of School Now Atte	nding:									_Grade:		
Please indicate your specia	al interests	s, activitie	es, and	talents	by check	ing one	or more of		n each co	lumn:	School	
	Drama	Sports	Art	Band	Chorus	Dance	Computer	Foreign Language	Science	Writing	Leader- ship	Religious Activities
A special talent of mine												
I'm not interested Yes, I have been involved in												
this before At the Davis Academy I would												
like to participate in						L			L			

What are your favorite hobbies?
What books/magazines do you enjoy reading the most?
What sports do you participate in?
Tell us about your team/group memberships and any special recognition you may have received:
Have you attended a summer camp, sports camp, or any other special program in the past two years? If yes, please tell us the name of the program, location, and how long you attended:
Please list any volunteer work or paid jobs you have had, within and outside of the family, and the approximate amount of time you spent on them:
Please comment here on any special opportunities you may have had (travel, study, participation in an activity, etc.)
STUDENT WRITING SAMPLE
In reading your application, we hope to gain as complete a picture of you as possible. Please attach a separate sheet of paper telling us something more about you. Tell us things that might not be apparent from the information you provided in earlier sections of this questionnaire. You can describe something about your family, an important experience, or your personal goals. By writing about something that matters to you, you will convey to us a sense of yourself. This should be in your own handwriting.
STUDENT PLEDGE
Each applicant for grades 6-8 is required to sign the following pledge. It is NOT mandatory. However, failure to execute the pledge may be taken into account and affect your application for admission.
"I understand that The Davis Academy regulations forbid the use of drugs (except by prescription), alcohol, and tobacco by all students. If admitted, I agree to abide by the principles of The Davis Academy which prohibit cheating, lying, stealing, vandalism and all other offenses that are detrimental to the School, and the regulations that may be in effect from time to time. I authorize The Davis Academy to contact current and previous schools or other sources to obtain information to support my application. I will not seek access to confidential recommendations and evaluation materials before or after admission."
Signature of Applicant:Date: