



APPLICATION FOR ADMISSION

Vanguard College Preparatory School

2517 Mt. Carmel Drive
Waco, Texas 76710

STUDENT'S PERSONAL INFORMATION

Student's Full Legal Name _____ Male Female

Circle preferred name

Current School _____ Current Grade _____

Student's Address _____ City _____ State _____ Zip _____

Home Phone _____ Place of Birth _____ Birth date & Year _____

Social Security Number _____

Student lives with Father & Mother Mother Father Other _____

MOTHER'S PERSONAL INFORMATION

Ms. Mrs. Dr. _____

First Name

Middle Name

Last Name

Mother's Address _____ City _____ State _____ Zip _____

Employer/Occupation _____ Type of Business _____ Position _____

Business Address _____ City _____ State _____ Zip _____ Work Phone _____

Home Phone _____ Cell Phone _____ Email _____

FATHER'S PERSONAL INFORMATION

Mr. Dr. _____

First Name

Middle Name

Last Name

Father's Address _____ City _____ State _____ Zip _____

Employer/Occupation _____ Type of Business _____ Position _____

Business Address _____ City _____ State _____ Zip _____ Work Phone _____

Home Phone _____ Cell Phone _____ Email _____

EMERGENCY CONTACT OTHER THAN PARENT

Ms. Mrs. Mr. Dr. _____

First & Last Name

Relation to Student

Home Phone _____ Cell Phone _____ Work Phone _____

EDUCATIONAL BACKGROUND

Current School _____ Grades Attended _____

Head of School or Principal _____

School Address _____ City _____ State _____ Zip _____

School Phone Number _____ School Fax Number _____

Schools previously attended & grades _____

Has the applicant previously applied to Vanguard? Yes No If yes, what year? _____

Does the student have any special needs for accommodation of learning differences? Yes No
If yes, please submit current documentation along with this application.

MEDICAL AND BEHAVIORAL BACKGROUND

1. Does the applicant have a medical condition which would restrict his/her school attendance or participation in school activities or athletics? Yes No If yes, please explain.

2. Does the applicant have any emotional or behavioral conditions which could affect school performance?
 Yes No If yes, please explain and list physicians or psychologists involved.

3. Is there other information that might assist Vanguard in providing the best guidance for your child?
 Yes No If yes, please explain.

4. Please check the following:

Yes No Has the applicant ever been suspended or expelled from school? If yes, please explain.

Yes No Has the applicant ever been arrested or involved in unlawful conduct? If yes, please explain.

CERTIFICATION

I hereby certify that the above information is true.

Signature of Father or Guardian

Signature of Mother or Guardian

Signature of Student Applicant

To complete the application process, the Admissions Office needs the following:

- Application form
- Entrance exam scores
- \$50 testing fee
- Immunization record
- Teacher recommendation form
- Transcript from previous school
- Student writing sample
- Interview with Head of School or Admissions Director

TO BE SIGNED BY THE APPLICANT & PARENTS
We waive our rights to this teacher recommendation.

Applicant's signature _____ Date _____

Parent/Guardian's signature _____ Date _____

CONFIDENTIAL TEACHER RECOMMENDATION

Vanguard College Preparatory School

2517 Mt. Carmel Drive • Waco, Texas 76710

Phone 254.772.8111 • Fax 254.772.8263 • www.vanguard.org

TO THE TEACHER

Please complete this form and return it to the Admissions Office within 10 days.
All remarks will be kept confidential.

Name of Applicant _____ Current Grade _____

1. How long have you known this student and in what academic context?

2. Please tell us what you can about the student's intellectual qualities and academic work. We are interested in any evidence you can give us about the nature of the student's motivation, intellectual interests, independence, creativity, sensitivity, and capacity for growth.

3. Please comment on the student's ability to respond to criticism or suggestion, concern for others, dedication to an activity or job.

4. What are the first words that come to mind in describing this student?

Please feel free to make additional observations and comments in this space or on an attached page.

PERSONAL EVALUATION

Please check the appropriate boxes.

	Outstanding	Excellent	Good	Average	Below Average	N/A
Integrity & Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Adjustment with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACADEMIC EVALUATION

Please check the appropriate boxes.

	Outstanding	Excellent	Good	Average	Below Average	N/A
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort & Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<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"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Follow Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity & Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFORMATION ABOUT THE TEACHER

Ms. Mrs. Dr. Dr. _____

Number of Years in Education _____

Subjects Taught _____

School Name _____

School Address _____ City _____ State _____ Zip _____

School Phone _____ Email _____

Signature _____