

ADMISSIONS APPLICATION

P. O. Box 69 ■ 5096 Highway 49 South ■ Piney Woods, MS 39148-0069
tel 601.845.2214 ■ fax 601.845.0287

APPLICANT

Last Name _____		First _____	Middle _____	Nickname _____
Date of Birth _____	Country of Birth _____	Language Spoken _____		<input type="checkbox"/> Male <input type="checkbox"/> Female
Student's Social Security Number _____	Have you applied to The Piney Woods School before? <input type="checkbox"/> No <input type="checkbox"/> Yes	In what year? _____		I am applying as: <input type="checkbox"/> Freshman - 9 th <input type="checkbox"/> Sophomore - 10 th <input type="checkbox"/> Junior - 11 th
Home Address _____	Post Office Box _____			I am applying for: <input type="checkbox"/> Fall Semester, 20____ <input type="checkbox"/> Spring Semester, 20____
City _____	State _____	Zip _____		
Home Telephone Number (please include area/country code) _____	Cellular Telephone Number (please include area/country code) _____			
Present School _____	Present Grade _____	Area/Country Code _____	Telephone Number _____	
Address of School _____	City _____	State _____	Zip _____	
Principal _____	Counselor _____			

MOTHER

Name _____ Completed High School GED College
 Graduate School Other _____

Address (if different from applicant's; please be sure to include ZIP CODE) _____ City _____ State _____ Zip _____

Area/Country Code _____ Home Telephone Number _____ Area/Country Code _____ Cellular Telephone Number _____ Area/Country Code _____ Work Telephone Number _____

Occupation _____ E-Mail Address _____

FATHER

Name _____ Completed High School GED College
 Graduate School Other _____

Address (if different from applicant's; please be sure to include ZIP CODE) _____ City _____ State _____ Zip _____

Area/Country Code _____ Home Telephone Number _____ Area/Country Code _____ Cellular Telephone Number _____ Area/Country Code _____ Work Telephone Number _____

Occupation _____ E-Mail Address _____

GUARDIAN

Name _____ Completed High School GED College
 Graduate School Other _____

Relationship to Applicant _____ Address (if different from applicant's; please be sure to include ZIP CODE) _____ City _____ State _____ Zip _____

Area/Country Code _____ Home Telephone Number _____ Area/Country Code _____ Cellular Telephone Number _____ Area/Country Code _____ Work Telephone Number _____

Occupation _____ E-Mail Address _____

PLEASE CHECK ALL THAT APPLY:

married divorced single parent separated
 mother is remarried father is remarried widow

Who has custody of this applicant? mother father joint other _____

(please provide legal documentation)

Special Talents/Interests

What special talents and/or interests does your child possess? Be specific (i.e., singing, playing musical instruments, other artistic talent, athletic abilities, etc.)

Other Information

How did you learn about The Piney Woods School? _____

What are your educational goals for your daughter or son? _____

Name the person(s) you know who attends or attended The Piney Woods School. _____

Does your child have a special handicap need? No Yes If yes, please list. _____

Are there any experiences that have influenced your son or daughter of which we should be aware? _____

Has your child ever experienced social or emotional difficulties? No Yes If yes, and received counseling, please forward copy of evaluation.

List any serious illnesses, operations, or accidents. Please include child's approximate age at the time. _____



Student's Signature _____ (Print) _____ Date _____

Mother/Female Guardian Signature _____ (Print) _____ Date _____

Father/Male Guardian Signature _____ (Print) _____ Date _____

Name of Person Responsible for Tuition _____ E-Mail Address _____

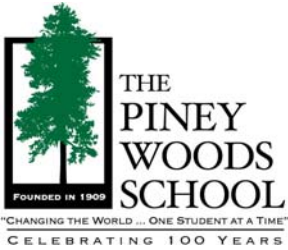
Address (if different from applicant's; please be sure to include ZIP CODE) _____ City _____ State _____ Zip _____

Area/Country Code _____ Home Telephone Number _____ Area/Country Code _____ Cellular Telephone Number _____ Area/Country Code _____ Work Telephone Number _____

Signature _____ (Print Name) _____ Date _____

A non-refundable application fee of \$35 in the form of a money order or cashier's check made payable to THE PINEY WOODS SCHOOL must accompany this application.

The Piney Woods School does not discriminate on the basis of physical handicap, race, creed, color, or gender in the administration of educational policies, enrollment, scholarships, and other school programs. The school affords each student the full range of social, academic, and athletic opportunities.



STUDENT SOCIAL HISTORY

This Social History must be completed by the School Guidance Counselor or School Social Worker at the applicant's current school, or another licensed professional in the counseling, social work, or mental health field. The professional who completes this form must sign the document and include his/her license number. The parent must also sign this document in the presence of a notary public. The Admissions Application is not complete and will not be considered for acceptance until the Social History is received by the Office of Admissions at The Piney Woods School.

All information provided in the Social History will be kept strictly confidential.

STUDENT INFORMATION

Name _____ Age _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Race _____ Gender _____ Grade _____ Social Security # _____

Longest period of time spent away from home _____ U.S. Citizen Yes No

Currently resides in the United States? Yes No If no, does applicant have a sponsor in the United States? Yes No

If yes, please identify sponsor: Name _____

Address _____ City _____ State _____ Zip _____

Sponsor's Home Telephone (include area/country code) _____ Cellular _____

Sponsor's E-Mail Address _____

FAMILY INFORMATION

Mother's Name _____ Address _____ _____ Home Telephone _____ Cellular Telephone _____ Work Telephone _____	Father's Name _____ Address _____ _____ Home Telephone _____ Cellular Telephone _____ Work Telephone _____
Female Legal Guardian _____ Address _____ _____ Home Telephone _____ Cellular Telephone _____ Work Telephone _____	Male Legal Guardian _____ Address _____ _____ Home Telephone _____ Cellular Telephone _____ Work Telephone _____

Number of siblings: _____. Please list below.

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

How many times has the applicant's family moved in the past five (5) years? _____

Reasons for moving? _____

In the past five (5) years, the applicant's family has experienced the following: (check all that apply)

- Prolonged unemployment
- Divorce
- Date _____
- Drug abuse by student
- Marital separation
- Date _____
- Drug abuse by close family member
- Death of close family member
- Relationship _____ Date _____
- Alcohol abuse by student
- Legal problems
- Alcohol abuse by close family member
- Financial problems
- Rape
- Housing problems
- Incest
- Runaway
- Physical abuse
- Abandonment
- Sexual abuse
- Adoption
- Child neglect
- Other (please list) _____
- Foster care placement

ACADEMIC INFORMATION

How many schools has the applicant attended in the past three (3) years? _____

Present school: Name _____

Address _____

Telephone _____ Fax _____

How long has applicant attended the above school? _____ Cumulative Grade Point Average (circle one) A B C D F

Type of Curriculum: College Preparatory Vocational Elementary
 Special Education Gifted General
 Home Schooling

Has applicant been suspended or expelled from school within the past year? No Yes If yes, what was the reason? _____

Has applicant previously attended boarding school? No Yes If yes, list boarding school and dates of attendance. _____

HOUSEHOLD INCOME

Please list household income \$ _____

MEDICAL INFORMATION

Is the applicant currently taking medication(s)? No Yes If yes, please list. _____

Is the applicant allergic to any medication(s)? No Yes If yes, please list. _____

- Student has experienced:
- | | |
|--|--|
| <input type="checkbox"/> Frequent accidents | <input type="checkbox"/> Speech problems |
| <input type="checkbox"/> Sleep problems | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Bed wetting |
| <input type="checkbox"/> Vision problems | <input type="checkbox"/> Emotional problems |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Discipline problems |
| <input type="checkbox"/> Severe cramping | <input type="checkbox"/> Chronic pain |
| <input type="checkbox"/> Irregular menstrual cycle | <input type="checkbox"/> Alcohol abuse |
| <input type="checkbox"/> Miscarriage | <input type="checkbox"/> Drug abuse |
| <input type="checkbox"/> Childbirth | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Heart problems | _____ |
| <input type="checkbox"/> Kidney problems | _____ |

Has applicant ever been hospitalized? No Yes If yes, for what illness? _____

Has the applicant had a physical examination within the past year? No Yes

Are the applicant's immunizations up to date? No Yes

Does the applicant have a history of emotional or mental illness? No Yes
If yes: Date of Treatment _____
Type of Disorder _____

Has applicant received counseling for social or emotional issues? No Yes
If yes, indicate diagnosis (parent must provide a copy of evaluation). _____

Name of Therapist: _____ Date of Service _____

Address _____ City _____ State _____ Zip _____

Work Telephone _____ Fax _____

E-mail Address _____

Does applicant have an Attention Deficit Disorder? No Yes
If yes, is the student on medication for this condition? No Yes

If yes, list medications: _____

SOCIAL INFORMATION

List hobbies that applicant enjoys: _____

List church, school, or community activities: _____

List future goals: _____

Has applicant ever been arrested? ___ No ___ Yes If yes, what was the charge? _____

City _____ State _____ County _____

Disposition of case: _____

Is applicant currently involved with the juvenile court system? ___ No ___ Yes If yes, what is the charge? _____

City _____ State _____ County _____

Disposition of case: _____

Has the applicant fathered a child? ___ No ___ Yes If yes, how many? _____

Has the applicant given birth to a child? ___ No ___ Yes If yes, how many? _____

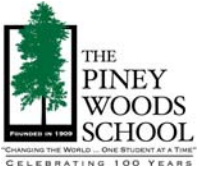
This Student Social History was completed by:

Signature of Licensed Professional / Title Date License Number

I hereby verify that all information contained in this Student Social History is true to the best of my knowledge. I further understand that intentional falsification of information will negate the enrollment of my son/daughter. By signing this document, I hereby give The Piney Woods School permission to obtain and/or release any information or documentation that is related to the academic, social, emotional, or medical status of the applicant.

Parent/Guardian Signature Date Notary





CURRENT ENGLISH TEACHER

INSTRUCTIONS FOR APPLICANT

Fill in your full name below and give this form to your current English teacher. The form should be returned to our Office of Admissions.

Applicant's First Name _____ Middle _____ Last _____

INSTRUCTIONS FOR TEACHER

This student is an applicant for admission to The Piney Woods School. Please complete both sides of this form and return it to: The Piney Woods School, Office of Admissions, P. O. Box 69, Piney Woods, MS 39148-0069.

- In what subjects and during which academic years have you taught the applicant? (Please indicate course and level.)

- In what other capacities have you known the applicant?

- In relation to others in the same age group whom you have known, please rate applicant in the following areas by placing an "X" on the appropriate line in each row.

ACADEMIC EVALUATION	Outstanding	Excellent	Good	Average	Below Average	Poor	N/A
Academic potential	—	—	—	—	—	—	—
Academic achievement	—	—	—	—	—	—	—
Ability to work independently	—	—	—	—	—	—	—
Imagination / creativity	—	—	—	—	—	—	—
Intellectual curiosity	—	—	—	—	—	—	—
Clarity of writing style	—	—	—	—	—	—	—
Oral expression	—	—	—	—	—	—	—
Effort / persistence	—	—	—	—	—	—	—
Ability to hand in work on time	—	—	—	—	—	—	—
Study habits	—	—	—	—	—	—	—

PERSONAL EVALUATION

Conduct	—	—	—	—	—	—	—
Emotional stability	—	—	—	—	—	—	—
Maturity	—	—	—	—	—	—	—
Personal integrity	—	—	—	—	—	—	—
Peer compatibility	—	—	—	—	—	—	—
Relationship to adults	—	—	—	—	—	—	—
Self-confidence	—	—	—	—	—	—	—
Sense of humor	—	—	—	—	—	—	—

Please comment on the following:

4. What course would you recommend this applicant take next year? _____

5. The applicant's ability to move from literal to figurative interpretations. _____

6. The applicant's ability to organize and communicate ideas verbally and in writing. _____

7. The applicant's ability to learn from his or her mistakes. _____

8. Are there particular strengths or weaknesses of which you feel the Admissions Committee should be aware? _____

9. Additional thoughts and comments are welcome. _____

10. If you have any reason to question the personal integrity of the applicant, please explain on a separate sheet of school letterhead.

I recommend this applicant for admission:

enthusiastically strongly mildly with reservation not at all

Teacher Signature

Date

Teacher Name (please print)

Mailing Address

City/Town

State

Country

Zip

We appreciate the time and effort required to complete this evaluation. Your thoughtful comments will help us gain a better understanding of the applicant as an individual and as a student.

Please send me additional information about The Piney Woods School.

THE PINEY WOODS SCHOOL



TRANSCRIPT REQUEST / SCHOOL REPORT

Applicant's First Name _____ Middle _____ Last _____ Social Security Number _____

INSTRUCTIONS FOR GUIDANCE COUNSELOR OR PRINCIPAL
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This student is a candidate for admission to The Piney Woods School. Please complete both sides of this form and attach:

- an unofficial transcript (school record, including CURRENT GRADES)
- a record of this student's standardized test results
- a school profile

Return this form and the above items to: The Piney Woods School, Office of Admissions, P. O. Box 69, Piney Woods, MS 39148-0069.

_____ Public Private
 School Name _____

_____ City _____ State _____ Zip _____
 Address _____

_____ Principal or Head of School
 E-mail Address _____

_____ Grading Scale _____ Passing Mark _____ Honors Mark _____
 Applicant's Entrance Date _____

Applicant ranks _____ exactly approximately in a class of _____ students.

Are classes sectioned according to ability? No Yes If yes, please indicate what section the applicant is in or the task he/she is on (i.e. , honors, college preparatory, advanced, regular, slow):

Please comment on the following:

1. Applicant's maturity in relation to his or her peers. _____

2. Extent of need for supervision. _____

3. Academic achievement versus ability: _____

4. Are there any factors to date that have influenced the applicant's academic and social progress of which The Piney Woods School should be aware?

5. Are there health problems (physical or emotional) of which The Piney Woods School should be aware?

6. Has the applicant ever been involved in a serious infraction of school rules? If yes, please specify. _____

I recommend this applicant for admission:				
__enthusiastically	__strongly	__mildly	__with reservation	__not at all

Signature Date

Name (please print)

Mailing Address City/Town State Country Zip

E-Mail Address

We appreciate the time and effort required to complete this evaluation. Your thoughtful comments will help us gain a better understanding of the candidate as an individual and as a student.

___Please send me additional information about The Piney Woods School.



THE
PINEY
WOODS
SCHOOL

"CHANGING THE WORLD ... ONE STUDENT AT A TIME"
CELEBRATING 100 YEARS

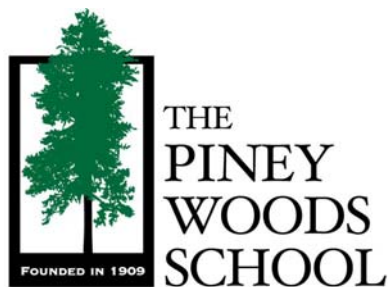
CRITERIA FOR BECOMING A PINEY WOODS STUDENT

We actively seek to enroll students with appropriate educational and social values who show academic promise and want a superior academic education that is undergirded by a strong Christian experience. In order to apply for admission to The Piney Woods School, prospective students must:

1. Show academic potential and seriousness about receiving a good education.
2. Have a good record of psychosocial values (must not have a record of school expulsions, suspensions, or arrests.)
3. Must have a "C" average or better.
4. No juvenile court involvement.
5. No special education needs or remedial courses.
6. Must not have any severe psychological or emotional issues.
7. Must receive satisfactory recommendations from:
 - a. Current Mathematics Teacher
 - b. Current English Teacher
 - c. Guidance Counselor or Principal

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APPLICATION CHECKLIST

Before you put your application in the mail, please double check everything to be sure that: 1) all forms are completed in their entirety, 2) all necessary signatures are in place, and 3) all requested documents are included.

- ___ Application
- ___ Application Fee (non-refundable \$35)
- ___ Handwritten Essay on **Why I Would Like To Attend The Piney Woods School**
- ___ Recent Photo
- ___ Teacher Recommendation (English)
- ___ Teacher Recommendation (Mathematics)
- ___ Unofficial transcript (for the school year 20_____ - 20_____)
- ___ Current Grades
- ___ Student Social History
- ___ Immunization Record
- ___ Copy of Certified Birth Certificate
- ___ Copy of Social Security Card

The Admissions Application WILL NOT be reviewed until ALL documents above are received. If you have any questions or concerns, please feel free to contact our Office of Admissions at:

Antoinette Patrick
Senior Administrative Assistant
Office of Admissions
601.845.2214, ext. 336

OR

Ron Huddleston
Recruiter
Office of Admissions
601.845.2214, ext. 223

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