

# OLDFIELDS SCHOOL

Office of Admission and Financial Aid • Oldfields School • 1500 Glencoe Road • Sparks Glencoe, MD 21152-9321  
OldfieldsSchool.org • Email: Admission@OldfieldsSchool.org • Telephone: 1.410.472.4800 • Fax: 1.410.472.6839

## A. STUDENT APPLICATION FOR ADMISSION

To be completed by the student in her own handwriting.

Application for Admission to Grade \_\_\_\_\_ for Fall 20 \_\_\_\_\_

7-Day Boarding     Day    Age \_\_\_\_\_     Applying for Financial Aid

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Current Grade \_\_\_\_\_

Home Address \_\_\_\_\_

City and State/Region \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Student Cell Phone \_\_\_\_\_ Student Home Telephone \_\_\_\_\_

Student E-mail Address \_\_\_\_\_

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Will an I-20 form be needed for a student visa?  Yes  No (*If yes, a copy of the student's passport is required. The family must provide financial documents indicating that sufficient funds are available to pay all expenses during the entire period of anticipated study.*)

Religious Affiliation (optional) \_\_\_\_\_ Race (optional) \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_

Please name the schools you have attended and indicate the years of attendance.                      month/year                      month/year

School \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Grades Attended \_\_\_\_\_

School \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Grades Attended \_\_\_\_\_

School \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Grades Attended \_\_\_\_\_

Current School \_\_\_\_\_

Address \_\_\_\_\_

Name of your Principal, Head of School, or Guidance Counselor (name and title) \_\_\_\_\_

Why are you leaving your present school? \_\_\_\_\_

Other siblings in your family:

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_

Please indicate relatives and/or friends who have attended Oldfields.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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## SHORT ANSWER QUESTIONS:

Please answer the questions in your own words on a separate sheet of paper.

1. Why do you think Oldfields School would be a good match for you?
2. Describe any scholastic distinctions or honors that you have received?
3. Please mention your extra-curricular and athletic activities and/ or hobbies. Include any awards or honors that you have received in those activities. Place an asterisk (\*) next to those activities that you hope to pursue at Oldfields.
4. How do you define success?
5. What do you feel are your greatest strengths and weaknesses?
6. If you were given a free plane ticket to go anywhere in the world, where would you go? Please explain.
7. What is the most meaningful memento in your bedroom? Please explain.
8. To what other schools are you applying?

## ESSAY QUESTIONS:

Please choose **TWO** questions to respond to on a separate sheet of paper. The essays may be typed or hand written.

1. Discuss a person or an event that has had an impact on your personal development.
2. If you could have dinner with any historic figure, whom would you choose and why? What would you hope to learn from this person?
3. What is the most important piece of advice you have ever received and how did it change your life?
4. Mark Twain is known to have said, "It is curious that physical courage should be so common in the world and moral courage so rare." Describe a moment when you demonstrated moral courage and stood up for what you believed was right....or wish you had.

Student Signature \_\_\_\_\_

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## B. FAMILY INFORMATION FORM

## APPLYING FOR FINANCIAL AID

To be completed by the student's parent(s) or guardian(s).

### PARENT 1

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Full Name \_\_\_\_\_  
First Middle/Maiden Last

Marital Status:  Married  Single  Divorced  Remarried

Spouse's Name (if remarried) \_\_\_\_\_

Address \_\_\_\_\_

City and State/Region \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_  Primary

Cell \_\_\_\_\_  Primary

Primary Email \_\_\_\_\_

Occupation \_\_\_\_\_

Title \_\_\_\_\_

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

High School Attended \_\_\_\_\_

College Attended \_\_\_\_\_

Post Graduate Education \_\_\_\_\_

### PARENT 2

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Full Name \_\_\_\_\_  
First Middle/Maiden Last

Marital Status:  Married  Single  Divorced  Remarried

Spouse's Name (if remarried) \_\_\_\_\_

Address \_\_\_\_\_

City and State/Region \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_  Primary

Cell \_\_\_\_\_  Primary

Primary Email \_\_\_\_\_

Occupation \_\_\_\_\_

Title \_\_\_\_\_

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

High School Attended \_\_\_\_\_

College Attended \_\_\_\_\_

Post Graduate Education \_\_\_\_\_

\$50 non-refundable application fee enclosed (domestic applications)

\$125 non-refundable application fee enclosed (international applications)

I declare that the information reported on the Application and Family Information Form, to the best of my knowledge and belief, is true, correct, and complete on the date of the application.

Signature of Parent 1 or Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent 2 or Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

# OLDFIELDS SCHOOL

## PARENT QUESTIONS:

1. Why do you think Oldfields might be a good match for your daughter?
2. Does your daughter have any talents or interests you would like to see further developed at Oldfields School? Please explain.
3. Please assess your daughter's readiness to benefit from opportunities and challenges of living and studying away from home? (Boarding Students only)
4. Is there any further information you feel is important concerning your daughter that we should know?