



# THE KILDONAN SCHOOL

## APPLICATION FOR ADMISSION

### APPLICATION CHECKLIST:

- Educational and psychological testing given within the last three years (WISC/WAIS test must include sub-test scores; also include measures of achievement such as WJ-III or WIAT-II)
- Completed Kildonan School Application with recent photograph
- Application Fee (\$50 domestic/\$100 international)
- Official School Transcript
- Teacher Recommendation Forms (English and Math)
- School tour and interview

*The Kildonan School admits students of any race, color, sex, and national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, nationality, ethnic origin, or any other characteristic protected by federal or state law in administration of its educational policies, admission policies, scholarships, athletic, and other school-administered programs.*



# APPLICATION FOR ADMISSION

THE KILDONAN SCHOOL

Office of Admission  
425 Morse Hill Road  
Amenia, NY 12501

Phone: 845.373.2012  
Fax: 845.373.2004  
admissions@kildonan.org  
www.Kildonan.org

## Student Information

Applicant's Name \_\_\_\_\_  
(First) (Middle) (Last) (Preferred Name)

Applicant's address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code) (Country)

Place of birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender:  Male  Female Current Grade: \_\_\_\_\_

Applying for grade: \_\_\_\_\_ As a:  Boarder  Day Student Academic year: \_\_\_\_\_

Current school: \_\_\_\_\_ Former school(s): \_\_\_\_\_

Is the applicant adopted?  Yes  No

Is there a history of dyslexia in the family?  Yes  No If yes, please describe: \_\_\_\_\_

## Referral Information

How did you hear about Kildonan?  Internet  Friend  Print media  School fair  consultant  School

Who referred you to Kildonan?

Name: \_\_\_\_\_ Profession: \_\_\_\_\_  
(e.g. consultant, advocate, physician, educator)

Address \_\_\_\_\_

## Parent Information

Parent 1 Name: \_\_\_\_\_  
(First) (Middle) (Last) (Preferred Name)

Home address (if different from applicant): \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code) (Country)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

College(s) attended, if any, and degree(s) earned: \_\_\_\_\_

**Parent Information** *(continued)*

**Parent 2 Name:** \_\_\_\_\_  
(First) (Middle) (Last) (Preferred Name)

Home address (if different from applicant): \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code) (Country)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

College(s) attended, if any, and degree(s) earned: \_\_\_\_\_

Parents:  Married  Separated  Divorced  Widowed  Never married

If separated or divorced,  Parent 1 is remarried \_\_\_\_\_  
(Name of stepparent)

Parent 2 is remarried \_\_\_\_\_  
(Name of stepparent)

Student lives with \_\_\_\_\_

**Other children in family:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Relatives or friends who are attending or have attended Kildonan:**

Name: \_\_\_\_\_ Class: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Class: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Application Fee:**  
A non-refundable fee of \$50, or \$100 for international students, made payable to  
The Kildonan School, must accompany this application.

The information provided herein is the sole property of The Kildonan School and is accurate and contains all information requested. We have neither omitted nor embellished any facts relating to our child's application. The Kildonan School reserves the right to amend or withdraw offers of admission due to mitigating circumstances, changes in information, student's standing or other reason as determined by the Admissions Committee.

**Signature Required:**

Parent 1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Date: \_\_\_\_\_



# PARENT QUESTIONNAIRE

THE KILDONAN SCHOOL

Office of Admission  
425 Morse Hill Road  
Amenia, NY 12501

Phone: 845.373.2012  
Fax: 845.373.2004  
admissions@kildonan.org  
www.Kildonan.org

Applicant's Name: \_\_\_\_\_

With regard to your child's learning difference, what diagnoses have been provided? \_\_\_\_\_

What educational support is your child currently receiving (i.e. tutoring, speech and language support, etc.)? \_\_\_\_\_

Please inform us regarding the sequence of your child's education. Has your child ever skipped or repeated a grade? Has your child ever been asked to withdraw from a school, been suspended, put on probation, or missed school for an extended period of time?

At present, is your child taking any prescription medications? If so, kindly list them. \_\_\_\_\_

Are there any family circumstances that might affect your child's performance at Kildonan? \_\_\_\_\_

Has your child displayed behavioral problems in school or at home? \_\_\_\_\_

Does your child have a history of emotional problems or psychological counseling? \_\_\_\_\_

Does your child have a history of theft, tobacco use, alcohol abuse, illicit drug use, or prescription drug abuse? \_\_\_\_\_

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



# STUDENT QUESTIONNAIRE

THE KILDONAN SCHOOL

Office of Admission  
425 Morse Hill Road  
Amenia, NY 12501

Phone: 845.373.2012  
Fax: 845.373.2004  
admissions@kildonan.org  
www.Kildonan.org

Applicant's Name: \_\_\_\_\_

**The following questions must be answered by the student. Please answer in your own handwriting, or have someone scribe for you.**

What part of school do you like the most? What do you like the least? \_\_\_\_\_

\_\_\_\_\_

What do you do in your free time? What are your favorite activities or hobbies? \_\_\_\_\_

\_\_\_\_\_

If you could do anything when you grow up, what would you most like to do? \_\_\_\_\_

\_\_\_\_\_

What is the best thing a teacher has ever done for you? \_\_\_\_\_

\_\_\_\_\_

How would you like Kildonan to help you? \_\_\_\_\_

\_\_\_\_\_

Do you like to  Ski  Snowboard

Do you work well with others?  Yes  No

What is your favorite subject?  Math  Science  Literature  History  Other \_\_\_\_\_

How do you learn?  Seeing  Listening  Doing  Other \_\_\_\_\_

How do you "read" books?  Read myself  Audio books  Someone reads to me

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

<p>Is this application in your own handwriting? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please have the person who scribed for you write their name and signature below.</p>		
Signature _____	(Date)	(Relationship to Student)



# STUDENT QUESTIONNAIRE

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Applicant's Name: \_\_\_\_\_

For each item, please mark the box for Not True, Somewhat True, or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the last six (6) months.

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless and I cannot stay still for long.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other youth, for example books, games, food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather be alone than with people of my age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, depressed or tearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted. I find it difficult to concentrate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get along better with adults than with people my own age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



**ENGLISH  
RECOMMENDATION FORM**

**THE KILDONAN SCHOOL**

Office of Admission  
425 Morse Hill Road  
Amenia, NY 12501

Phone: 845.373.2012  
Fax: 845.373.2004  
admissions@kildonan.org  
www.Kildonan.org

Applicant's Name \_\_\_\_\_  
(First) (Middle) (Last) (Preferred Name)

Applicant's address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code) (Country)

Name of current School: \_\_\_\_\_

The student named above is a candidate for admission to The Kildonan School, an independent boarding and day school for students with diagnosed language-based learning differences and/or dyslexia. Your recommendation is vital to the application process. We would appreciate your most candid and thoughtful responses.

What adjectives or phrases come to mind when describing this student? Please note strengths and weaknesses.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does this student interact with his/her peers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does this student interact with adults? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check the appropriate responses:**

- |                                 |  |                                  |  |                               |
|---------------------------------|--|----------------------------------|--|-------------------------------|
| Written expression.....         | <input type="checkbox"/> above average | <input type="checkbox"/> average | <input type="checkbox"/> below average | <input type="checkbox"/> poor |
| Reading skills .....            | <input type="checkbox"/> above average | <input type="checkbox"/> average | <input type="checkbox"/> below average | <input type="checkbox"/> poor |
| Decoding .....                  | <input type="checkbox"/> above average | <input type="checkbox"/> average | <input type="checkbox"/> below average | <input type="checkbox"/> poor |
| Speed .....                     | <input type="checkbox"/> above average | <input type="checkbox"/> average | <input type="checkbox"/> below average | <input type="checkbox"/> poor |
| Comprehension .....             | <input type="checkbox"/> above average | <input type="checkbox"/> average | <input type="checkbox"/> below average | <input type="checkbox"/> poor |
| Vocabulary .....                | <input type="checkbox"/> above average | <input type="checkbox"/> average | <input type="checkbox"/> below average | <input type="checkbox"/> poor |
| Study skills .....              | <input type="checkbox"/> above average | <input type="checkbox"/> average | <input type="checkbox"/> below average | <input type="checkbox"/> poor |
| Preparation of assignments..... | <input type="checkbox"/> above average | <input type="checkbox"/> average | <input type="checkbox"/> below average | <input type="checkbox"/> poor |
| Organization .....              | <input type="checkbox"/> above average | <input type="checkbox"/> average | <input type="checkbox"/> below average | <input type="checkbox"/> poor |

**English Recommendation Form** *(continued)*

Does this applicant have any learning problems, difficulties, or impediments, that hamper his/her progress in English? If yes, please explain.

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Do you have any reservations about this student's application to Kildonan?

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Please use the space below to make any additional comments that would help the Admissions Committee in their deliberations.

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Thank you for taking your valuable time to complete this evaluation. The applicant has no access to admission records. The information you have provided is confidential.

**Teacher's Information**

Name \_\_\_\_\_ Position \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

School address: \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Please sign this form and return in a sealed envelope to:**

Office of Admission, The Kildonan School, 425 Morse Hill Road, Amenia, NY 12501

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

*The Kildonan School is an independent, coeducational, college preparatory school serving students with learning differences. Kildonan admits students of any race, color, sex, and national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, nationality, ethnic origin, or any other characteristic protected by federal or state law in administration of its educational policies, admission policies, scholarships, athletic, and or other school-administered programs.*





**MATHEMATICS  
RECOMMENDATION FORM**

**THE KILDONAN SCHOOL**  
Office of Admission  
425 Morse Hill Road  
Amenia, NY 12501

Phone: 845.373.2012  
Fax: 845.373.2004  
admissions@kildonan.org  
www.Kildonan.org

Applicant's Name \_\_\_\_\_  
(First) (Middle) (Last) (Preferred Name)

Applicant's address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code) (Country)

Name of current School: \_\_\_\_\_

The student named above is a candidate for admission to The Kildonan School, an independent boarding and day school for students with diagnosed language-based learning differences and/or dyslexia. Your recommendation is vital to the application process. We would appreciate your most candid and thoughtful responses.

What adjectives or phrases come to mind when describing this student? Please note strengths and weaknesses.

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

How does this student interact with his/her peers? \_\_\_\_\_

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

How does this student interact with adults? \_\_\_\_\_

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

**Please check the appropriate responses:**

- Understanding of concepts.....  above average     average     below average     poor
- Homework preparation .....  above average     average     below average     poor
- Attention to detail .....  above average     average     below average     poor
- Accuracy of computation .....  above average     average     below average     poor

**Please evaluate his/her performance in the following areas:**

- Whole number arithmetic .....  above average     average     below average     poor
- Decimals .....  above average     average     below average     poor
- Integers .....  above average     average     below average     poor
- Positive/Negative numbers .....  above average     average     below average     poor
- Fractions .....  above average     average     below average     poor

**Mathematics Recommendation Form** *(continued)*

What mathematics course is the applicant taking this year? \_\_\_\_\_

What text is being used? \_\_\_\_\_

What general topics are covered in this course? \_\_\_\_\_

What is the next course in the sequence? \_\_\_\_\_

Please comment on the applicant's ability in mathematics. Does he or she have any particular problems in mathematics of which we should be aware?

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Do you have any reservations about this student's application to Kildonan?

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Please use the space below to make any additional comments that would help the Admissions Committee in their deliberations.

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Thank you for taking your valuable time to complete this evaluation. The applicant has no access to admission records. The information you have provided is confidential.

**Teacher's Information**

Name \_\_\_\_\_ Position \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

School address: \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Please sign this form and return in a sealed envelope to:**

Office of Admission, The Kildonan School, 425 Morse Hill Road, Amenia, NY 12501

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

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TUITION  
PAYMENT INFORMATION

THE KILDONAN SCHOOL

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425 Morse Hill Road  
Amenia, NY 12501

Phone: 845.373.2012  
Fax: 845.373.2004  
admissions@kildonan.org  
www.Kildonan.org

Applicant's Name \_\_\_\_\_  
(First) (Middle) (Last)

Intend to pay tuition privately

If applicable, in addition to parent/guardian, please send financial correspondence to:

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

Intend to seek funding from our school district, but will pay privately if funding is not approved.

Intend to seek funding from our school district.

Intend to apply for financial aid.

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

FINANCIAL AID

The Kildonan School utilizes the School and Student Service by NAIS to analyze applications for financial aid. While The Kildonan School financial aid program is modest, it does provide some assistance to those parents/guardians who demonstrate clear financial need.

Families can apply for financial aid by visiting <http://www.kildonan.org/admissions-kildonan/tuition-financial-aid>  
Financial aid deadline is March 1st.

Inquiries about financial aid should be directed to:

The Kildonan School  
Admission Office  
845.373.2012  
admissions@kildonan.org



RECORDS RELEASE  
CONFIDENTIAL

THE KILDONAN SCHOOL  
Office of Admission  
425 Morse Hill Road  
Amenia, NY 12501

Phone: 845.373.2012  
Fax: 845.373.2004  
admissions@kildonan.org  
www.Kildonan.org

**Permission to Release Information**  
**Permission to Contact**

I am the parent/guardian of a child applying for admission to The Kildonan School. I request that all pertinent information concerning my child's medical, psychological, and academic history be forwarded to The Kildonan School Admission Office. These records include, but are not limited to, academic records, medical records, psychological evaluations, speech and language evaluations, and neuropsychological evaluations.

I give permission for The Kildonan School to contact all service providers for any additional information.

The Kildonan School  
Admission Office  
425 Morse Hill Road  
Amenia, NY 12501

Applicant's Name \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

This release shall remain effective from the date above until such time as I revoke consent in writing or my child's enrollment at The Kildonan School ceases.

**THE KILDONAN SCHOOL**  
EMPOWERING STUDENTS WITH DYSLEXIA SINCE 1969

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425 MORSE HILL ROAD  
AMENIA, NY 12501  
(845) 373-2012  
[WWW.KILDONAN.ORG](http://WWW.KILDONAN.ORG)