



VIEWPOINT
S C H O O L



Application Materials
Kindergarten



ADMISSION CHECKLIST

APPLICATION DEADLINE: JANUARY 10

APPLICATION DEADLINE FOR SIBLINGS OF CURRENT VIEWPOINT STUDENTS: DECEMBER 1

Please return

- the *Application for Admission*
- the non-refundable \$125 application fee (This fee covers the processing of one application for one admission cycle only.)
- a copy of the applicant's birth certificate
- and a recent photo of the applicant

to the Admission Coordinator at Viewpoint School. *Applications for all grades to Viewpoint must be postmarked by January 10.* Applications postmarked after the deadline may be considered for the Wait Pool. Applicants to Kindergarten should turn five prior to August 1 of the year they wish to enter Viewpoint.

CONFIDENTIAL EVALUATION FORMS

Parents of applicants to Kindergarten should complete the top portion of the *Preschool Director's Evaluation*, the *Preschool Teacher's Evaluation*, and the *Consent for Release of Information* form and give them to the child's current school after January 1. If your child attends more than one preschool, please arrange to have evaluations completed by each school. The educators completing these forms should return them directly to Viewpoint School no later than February 4.

FAMILY MEETING

Once you have submitted the *Application for Admission*, please contact the Admission Office to schedule your Family Meeting with a member of the Admission Committee. Family Meetings must be completed by February 4. Both parents and applicant should attend the Family Meeting. Student applicants to Middle and Upper Schools will also be interviewed at that time.

TOURS

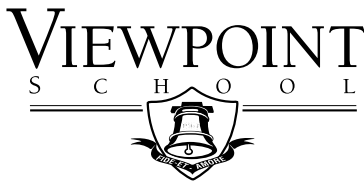
We encourage you to become as familiar with the School as possible before decision letters are mailed in March. We welcome your family to attend the Group Tours and Informational Meetings, to read through the School's literature, and to visit the School's Web site at www.viewpoint.org to become better acquainted with Viewpoint.

KINDERGARTEN SCREENING

Applicants to Kindergarten will attend a screening to assess developmental maturity and readiness for Viewpoint's Kindergarten. Screenings are held on Saturdays in January and February. We will notify you of your child's appointment for screening upon our receipt of the *Application for Admission*. Please refer to the *Frequently Asked Questions about the Admission Process* for more information about the Kindergarten screening.

FILE COMPLETION

All files must be complete by February 4. It is not necessary to call the School to check on the status of your child's file. We will contact you in February about its status. We will mail decision letters for applicants to Kindergarten in March.



KINDERGARTEN APPLICATION FOR ADMISSION

Application Fee of \$125 must be submitted with completed application.

1. Please use this space to attach a recent photograph of the applicant.

2. Please also include with your application materials a second photograph showing the applicant and family together.

(Photographs are requested but not required.)

APPLICANT

Applying for admission to Kindergarten starting in September of _____ Year

Full Legal Name _____

Name Applicant Prefers _____

Applicant's Date of Birth _____ Age _____ BOY GIRL

Applicants to Kindergarten should have turned five prior to August 1 of the year they wish to enter Viewpoint.

Place of Birth _____ Citizenship _____

Is your child currently attending kindergarten? No Yes

SCHOOL INFORMATION Please list all the schools attended by the applicant, beginning with the current school year. Use an additional separate sheet if necessary.

Current School Name	Phone	Dates Attended

PARENT INFORMATION *Please complete the information below for the child's parents or legal guardians. If there are stepparents, we ask that you submit the same information for them on a separate piece of paper.*

Parent or Legal Guardian (Dr., Mr., Mrs., Ms.)		Parent or Legal Guardian (Dr., Mr., Mrs., Ms.)	
Home Address		Home Address	
City, State, Zip		City, State, Zip	
Home Phone Number	Cell Phone Number	Home Phone Number	Cell Phone Number
E-mail Address	Fax Number	E-mail Address	Fax Number
Occupation		Occupation	
Title		Title	
Company/Organization		Company/Organization	
Type of Business		Type of Business	
Business Address		Business Address	
City, State, Zip		City, State, Zip	
Business Phone #		Business Phone #	
College Affiliation		College Affiliation	

Family Status

Parents Together
 Parents Divorced
 Parents Separated
Mother Remarried
 Father Remarried
 Mother Deceased
 Father Deceased

With whom does the child reside? _____

To whom should correspondence be sent? Both Mother only Father only

Who is the responsible financial party? _____

SIBLINGS OF APPLICANT

Name	Date of Birth	Current Grade	Present School	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Is sibling currently enrolled in or applying to Viewpoint?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Is sibling currently enrolled in or applying to Viewpoint?

Please list any relatives of the applicant who have attended Viewpoint School, their relationship, and years attended (if known).

Name	Relationship	Years Attended

REFERRAL I/We have been referred to Viewpoint by: _____

WHY DO YOU WISH TO ENROLL YOUR CHILD AT VIEWPOINT SCHOOL?

ADDITIONAL INFORMATION (Use a separate sheet if necessary)

If your child is attending preschool, indicate the frequency of attendance (days per week, hours per day). _____

Describe your child's **favorite activities**.

In preschool: _____

At home: _____

Please describe any **additional classes, instruction, or groups** in which your child participates. _____

Are there any factors you would like to share with us that have had an impact on your child's academic or social progress to date, such as health, learning challenges, or changes of home, school, or family situation?

List all **languages spoken in the home**. If more than one, please circle your child's primary language.

We welcome any **additional comments** about your child, including in what kind of learning environment he/she would thrive, and how you believe that he or she could benefit from attending Viewpoint. If you need additional space, please attach a separate sheet.

ETHNICITY (Optional)

The National Association of Independent Schools and the California Association of Independent Schools require that Viewpoint provide statistical information about the ethnicity of its applicants and enrollees. If you would like to be included in these data, please choose one of the following categories to describe your child's ethnicity. (*OPTIONAL*)

- African American Hispanic American Asian American Caucasian
 Native American Middle Eastern American Other

SIGNATURE

We (I) certify that the information provided on this application is true and accurate. We (I) understand and agree that the Director's and Teacher's Evaluations are confidential and will not be disclosed to me or become part of my child's permanent file.

Parent's or Legal Guardian's Signature

Parent's or Legal Guardian's Signature

Date

Date

Viewpoint School is committed to enrolling a diverse student body. The School admits students of any race, color, gender, religion, or national or ethnic origin to all the 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, gender, religion, or national or ethnic origin in the administration of its educational policies, admission policies, scholarships, athletic, and other school-administered programs.



PRESCHOOL DIRECTOR'S EVALUATION

(If your child already attends kindergarten, please give this form to your child's current principal or head of school.)

INSTRUCTIONS TO PARENTS

Dear Parent: Complete the information requested in the spaces below and give this form with a preaddressed envelope to your child's current preschool *after January 1*. This form is confidential and must be mailed by the preschool to Viewpoint School.

Applicant's Name _____	Director's Name _____
Preschool Name _____	Date of child's initial enrollment in this school _____
Preschool Address _____	_____
Child's frequency of attendance at this school (days per week, hours per day) _____	_____

INSTRUCTIONS TO PRESCHOOL DIRECTORS

Dear Director: Viewpoint School is a coeducational, college preparatory day school for students in Kindergarten through Grade Twelve. Viewpoint's Kindergarten provides a full-day, academically enriched, nurturing environment, and promotes the intellectual, emotional, physical, and social growth of young children. Your completion of both sides of this evaluation is extremely helpful. It is important to all of us that this child's next school placement be an appropriate one for both the student and the family. Your observations on academic readiness are important to us. Please know that the professional comments you share are held in **STRICTEST CONFIDENCE**, and do not become a part of a student's permanent record. We thank you in advance for the help your comments will provide.

Type of Program: Pre-Kindergarten Transitional Kindergarten Public Kindergarten Private Kindergarten Other _____

DIRECTOR'S EVALUATION

How long have you known this child? _____

Social and Emotional Development	Mature	Age Appropriate	Needs Development	Immature
Listens				
Cooperates				
Relates to peers				
Relates to adults				
Exhibits self-confidence				
Adjusts to transitions				
Tolerates frustration				
Separates from parents				
Shares material and possessions				
Functions independently				
Asks for help when needed				
Physical Development				
Handedness established? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Fine motor control				
Gross motor control				

Please provide additional comments on the above: _____

Cognitive Development	Mature	Age Appropriate	Needs Development	Immature
Expresses ideas clearly				
Pronounces words clearly				
Sustains attention in small groups				
Grasps concepts				
Recalls details				
Demonstrates an interest in learning				
Interacts with materials				
Follows two- and three-step directions				
Language skills				
Math readiness				

Please provide additional comments on the above: _____

How would you describe this child? _____

Family Information	Consistently	Usually	Sometimes	Rarely
Communicates openly with the school				
Participates in school activities				
Cooperates with classroom teachers				
Cooperates with administration				
Follows the rules and policies of the school				
Has realistic expectations for the child				
Meets financial obligations in a timely manner				

Please provide additional comments about the family: _____

Do you recommend this child for admission to Viewpoint School's Kindergarten? Yes No

Check here if you would like us to call you for further information about this applicant.

Best time to reach you: _____ Phone: _____

Please Print Your Name and Title

Signature

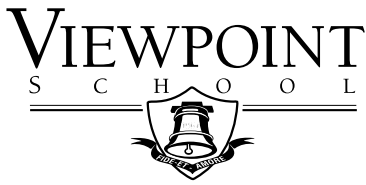
Date

Your E-mail address: _____

Please return this form no later than February 4 directly to

Viewpoint School Office of Admission
 23620 Mulholland Highway • Calabasas, CA 91302-2097
 818-591-6560 • Fax 818-591-0834

Preschool Director's Evaluation



PRESCHOOL TEACHER'S EVALUATION

(If your child already attends kindergarten, please give this form to your child's current teacher.)

INSTRUCTIONS TO PARENTS

Dear Parent: Complete the information requested in the spaces below and give this form with a preaddressed envelope to your child's current preschool *after January 1*. This form is confidential and must be mailed by the preschool to Viewpoint School.

Applicant's Name _____	Teacher's Name _____
Preschool Name _____	Date of child's initial enrollment in this school _____
Preschool Address _____	_____
Child's frequency of attendance at this school (days per week, hours per day) _____	_____

INSTRUCTIONS TO PRESCHOOL TEACHERS

Dear Teacher: Viewpoint School is a coeducational, college preparatory day school for students in Kindergarten through Grade Twelve. Viewpoint's Kindergarten provides a full-day, academically enriched, nurturing environment, and promotes the intellectual, emotional, physical, and social growth of young children. Your completion of both sides of this evaluation is extremely helpful. It is important to all of us that this child's next school placement be an appropriate one for both the student and the family. Your observations on academic readiness are important to us. Please know that the professional comments you share are held in **STRICTEST CONFIDENCE**, and do not become a part of a student's permanent record. We thank you in advance for the help your comments will provide.

Type of Program: Pre-Kindergarten Transitional Kindergarten Public Kindergarten Private Kindergarten Other _____

TEACHER'S EVALUATION

How long have you known this child? _____

Social and Emotional Development	Mature	Age Appropriate	Needs Development	Immature
Listens				
Cooperates				
Relates to peers				
Relates to adults				
Exhibits self-confidence				
Adjusts to transitions				
Tolerates frustration				
Separates from parents				
Shares material and possessions				
Functions independently				
Asks for help when needed				
Physical Development				
Handedness established? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Fine motor control				
Gross motor control				

Please provide additional comments on the above: _____

Cognitive Development	Mature	Age Appropriate	Needs Development	Immature
Expresses ideas clearly				
Pronounces words clearly				
Sustains attention in small groups				
Grasps concepts				
Recalls details				
Demonstrates an interest in learning				
Interacts with materials				
Follows two- and three-step directions				
Language skills				
Math readiness				

Please provide additional comments on the above: _____

How would you describe this child? _____

Family Information	Consistently	Usually	Sometimes	Rarely
Communicates openly with the school				
Participates in school activities				
Cooperates with classroom teachers				
Cooperates with administration				
Follows the rules and policies of the school				
Has realistic expectations for the child				
Meets financial obligations in a timely manner				

Please provide additional comments about the family: _____

Do you recommend this child for admission to Viewpoint School's Kindergarten? Yes No

Check here if you would like us to call you for further information about this applicant.

Best time to reach you: _____ Phone: _____

Please Print Your Name and Title

Signature

Date

Your E-mail address: _____

Please return this form no later than February 4 directly to

Viewpoint School Office of Admission
 23620 Mulholland Highway • Calabasas, CA 91302-2097
 818-591-6560 • Fax 818-591-0834

Preschool Teacher's Evaluation

VIEWPOINT SCHOOL S C H O O L

CONSENT FOR RELEASE OF STUDENT INFORMATION

Dear Parent:

Please complete the form below and submit it to the registrar or school office personnel at your child's current school.

We (I), _____, parent(s) or legal guardian(s) of
(name(s) of parent(s) or legal guardian(s))

_____, hereby grant permission to
(child's name)

_____ to release copies of the cumulative records of the above student.
(child's current school)

We (I) understand and agree that the Director's and Teacher's Evaluations are confidential and will not be disclosed to me or become part of my child's permanent file.

Parent's or Guardian's Signature

Date

Parent's or Guardian's Signature

Date

Dear Registrar:

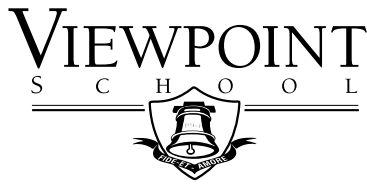
Please send the following items for the student named above to Viewpoint School by **February 4**. Thank you.

- Copies of progress reports, if applicable;
- Copies of any testing or assessments.

Send to:

Admission Coordinator
Viewpoint School
23620 Mulholland Highway
Calabasas, CA 91302-2097
(Fax 818-591-0834)

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MISSION STATEMENT

Viewpoint School, an independent coeducational school with grades from Kindergarten through Twelve, offers its students a rigorous college preparatory education in a nurturing environment. An integral part of the educational process at Viewpoint is the development of a love of learning and of those qualities which provide strength and direction for a lifetime. Viewpoint recognizes the uniqueness of each child and is committed to the identification, preservation, and development of that individuality. Viewpoint School teaches with respect the wisdom and traditions of the world's cultures and faiths. The School's philosophy is based upon the love of God and country, and is inspired by the Judeo-Christian values upon which our nation was founded.

LEARNING EXPECTATIONS

Viewpoint's graduates are literate in the humanities, mathematics, science, technology, the arts, and a second language.

Viewpoint's graduates demonstrate useful physical skills, cooperative teamwork, sportsmanship, and a lifelong interest in fitness and health.

Viewpoint's graduates demonstrate creative and critical thinking.

Viewpoint's graduates embody integrity, compassion, tolerance, responsibility, discernment, and optimism.

Viewpoint's graduates develop excellent intellectual and communication skills.

The achievement of these expectations enables Viewpoint's graduates to be lifelong learners and productive, active citizens who serve their communities.

Viewpoint School is committed to enrolling a diverse student body. The School admits students of any race, color, gender, religion, or national or ethnic origin to all the 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, gender, religion, or national or ethnic origin in the administration of its educational policies, admission policies, scholarships, athletic, and other school-administered programs.

VIEWPOINT

S C H O O L



23620 Mulholland Highway
Calabasas, California 91302
Phone: 818-340-2901 Fax: 818-591-0834
Web site: www.viewpoint.org