

# STANDARD APPLICATION ONLINE FOR INDEPENDENT BOARDING AND DAY SCHOOLS

## COVER PAGE - RETURN WITH COMPLETED FORM

TO: <i>Mailing address:</i> <b>STANDARD APPLICATION ONLINE</b> SSAT CN 5339 Princeton, NJ 08543 USA	<i>Courier/FedEx address:</i> <b>STANDARD APPLICATION ONLINE</b> SSAT 862 Route 518 Skillman, NJ 08558 USA
FROM:	
Name:	_____
Address:	_____
	_____
Phone #:	_____
Email:	_____

### Instructions for the Applicant:

This School Supplement **MUST** be completed by the applicant.

- ☐ Forms will be electronically processed and should only be used for the student whose name appears pre-printed on the form.
- ☐ This School Supplement will be scanned and transmitted to the school electronically. Where possible, send the School Supplement as **8½ x 11 pages; do not staple**. This form should be completed by the applicant in **black Ink** only.
- ☐ Attach additional pages, if necessary. All additional pages must be submitted together with this form.
- ☐ The School Supplement form may be mailed to above mentioned address, or can be sent by email to **apply@ssat.org**. Include this cover page when you submit the School Supplement form
- ☐ Please contact **apply@ssat.org** with any questions about submitting this form.



George School

**SUPPLEMENTAL FORM**  
**George School, #3364**

**ADMISSION APPLICATION SUPPLEMENTAL REQUIREMENTS**

**Required of all applicants (online forms)**

☐ Preliminary Health and Learning Report Form

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TOEFL/SLEP and/or IELTS scores  
(visit [www.georgeschool.org/apply](http://www.georgeschool.org/apply) for more information)

☐ Vericant interview  
(for mainland Chinese applicants)

**PRELIMINARY HEALTH & LEARNING REPORT**

This form will be included in your application packet for George School only.

Student Given (First) Name \_\_\_\_\_ Student Family (Last) Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Primary Email \_\_\_\_\_

1. Are you currently RECEIVING medical treatment? ☐ Yes ☐ No

If yes, please give reasons, medications prescribed, and names and addresses of doctors \_\_\_\_\_

\_\_\_\_\_

2. Do you have any physical LIMITATIONS ? ☐ Yes ☐ No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

3. Have you ever been out of school for a week or more? ☐ Yes ☐ No

If yes, please give reasons and approximate dates \_\_\_\_\_

\_\_\_\_\_

4. Has any surgery been advised but not yet performed? ☐ Yes ☐ No

If yes, please explain and indicate when you plan to have the operation \_\_\_\_\_

\_\_\_\_\_

5. Have you ever been evaluated for any learning differences? ☐ Yes ☐ No

If yes, please describe and attach a copy of the most recent educational testing \_\_\_\_\_

\_\_\_\_\_

**PRELIMINARY HEALTH & LEARNING REPORT (PAGE 2)**

6. Have you had professional counseling with a counselor, psychiatrist, psychologist, or Family doctor?\* ☐ Yes ☐ No

If yes, please give inclusive dates of treatment and give names and addresses of doctors/counselors \_\_\_\_\_

\_\_\_\_\_

7. Have you ever tried or used tobacco, alcohol, marijuana, or other ILLICIT drugs?\* ☐ Yes ☐ No

If yes, please give details \_\_\_\_\_

\_\_\_\_\_

\*While a history of counseling or experimentation with drugs does not disqualify an applicant, your frank and candid answers to these questions will help us know you better in the evaluation process.

8. NAME AND ADDRESS OF YOUR PRIMARY DOCTOR \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Date

I have read the above and certify that no information concerning the health of this student has been withheld or misrepresented. I authorize the school to obtain further medical history and reports or records from doctors or counselors listed above should it be necessary. I acknowledge that inclusion of false information on this form will require reevaluation of the student and could become grounds for dismissal without tuition refund.

Signature of Parent/Guardian

Date