



# saint james school

ST. JAMES / MARYLAND / 21781  
301.733.9330 / FAX 301.739.1310  
WWW.STJAMES.EDU

## PARENTS' CONFIDENTIAL COMMENTS

Candidate's Name: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

**BECAUSE PARENTS KNOW THEIR CHILDREN IN WAYS MUCH DIFFERENT FROM TEACHERS OR COUNSELORS**, we think it is important to give you the opportunity to tell us about your child. Your comments will be shared with the admission committee and, if matriculating, with the student's advisor and dorm parent. Your responses will be kept in a confidential file separate from the permanent record. Thank you, in advance, for your thoughtful attention to this request.

Director of Admission

1. Please describe your family: applicant's siblings, relationships, and activities of the family as a unit.

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2. How would you characterize your child's social characteristics (sense of humor, assertiveness, self-reliance, shyness, etc.)?

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3. What do you believe your child will contribute to Saint James?

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4. Are there any specific areas in which you would like to see your child participate at Saint James?

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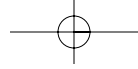
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5. What are your expectations of Saint James School?

Four horizontal lines for writing the answer to question 5.

6. Are there any family circumstances about which we should be aware that might affect your child's adjustment/performance at Saint James School?

Four horizontal lines for writing the answer to question 6.

7. Please make any additional comments about your child and/or your family which you feel might be helpful to us.

Four horizontal lines for writing the answer to question 7.

Has the applicant undergone any special educational testing?  yes  no  
If yes, please submit results and reports from testing with this application.

If the parents are living apart, with whom does the student reside? \_\_\_\_\_

Should Saint James send mailings to all adult contacts provided?  yes  no

**Stepfather (if applicable)**

**Stepmother (if applicable)**

Form fields for Stepfather: Full Name, Name Called, Home address, City, State, Zip, Home telephone, Occupation/Title, Employer's Name, Business Telephone, Business Fax, Business E-mail.

Form fields for Stepmother: Full Name, Name Called, Home address, City, State, Zip, Home telephone, Occupation/Title, Employer's Name, Business Telephone, Business Fax, Business E-mail.

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

