



LOYOLA SCHOOL

Application for Admission

ENCLOSURES

APPLICATION FOR ADMISSION

PART 1

PART 2

LETTERS OF RECOMMENDATION

ENGLISH TEACHER RECOMMENDATION

MATHEMATICS TEACHER RECOMMENDATION

SPECIAL INTEREST RECOMMENDATION

SCHOOL REPORT AND TRANSCRIPT FORM

LOYOLA SCHOOL

Dear Student,

On behalf of Loyola School, I want you to know how excited we are that you are applying. Included in this mailing is a viewbook of our offerings, application and recommendation forms, and the detailed instructions and checklist to guide you through the process. You may contact us anytime either via email at admissions@loyola-nyc.org or by phone at 646-346-8131 or 646-346-8132. Of course, you can always check us out on our website: www.loyola-nyc.org.

Over the next few months, you will be very busy: keeping up with your school work, filling out applications, taking standardized tests, visiting schools, and interviewing. We hope that all the helpful information that you will receive and the people you meet from Loyola will make this process a bit easier for you. We look forward to getting to know you better and for you to get to know us better too. We are excited to introduce a student blog this year. Students will share their Loyola experience throughout the year with you in frequent postings. Be on the lookout for a postcard announcing its launch!

We want to encourage you to take ownership of this process from the beginning, so that the application reflects your best work. At times, you may need the guidance of an adult—a parent or guardian—to manage deadlines or to complete certain forms, and we welcome you to do this. However, this application should reflect primarily your work—work that you should feel proud to submit.

Good luck! Let us know if we may help you along the way.

Lillian Díaz-Imbelli
Director of Admissions

APPLICATION CHECKLIST

- Submit Part 1 of Application
 - Regular Decision**—Part 1 due November 20, 2009
 - Early Decision**—Completed application due November 20, 2009
- Indicate on application which standardized test(s) will be submitted with the application:
 - HSPT**—administered by Loyola at Loyola, Saturday, November 21, 2009
 - ISEE**—register online: www.erbtest.org (school code #333755)
 - SSAT**—register online: www.ssat.org (school code #4710)
 - TOEFL**—A student for whom English is a second language must also take the TOEFL, unless English is spoken at home or English is the primary language of instruction at school.
- Request letters of recommendation from your current school (include your name and a mailing label addressed to Office of Admissions, Loyola School, 980 Park Avenue, New York, New York 10028, and the appropriate postage or email address: admissions@loyola-nyc.org)
- Submit Part 2 of Application
 - Regular Decision**—Part 2 due December 4, 2009
- RSVP to one Information Session scheduled throughout the fall admissions season. Invitations will be sent in a separate mailing and families will be able to register online.

FINANCIAL AID

If you are applying for financial aid, please be sure to check the appropriate box on the application. Once we receive Part 1 of the application with the check box marked, the business office will mail the necessary information to you. The form also may be completed online at: www.nais.org/financialaid/sss.

EARLY DECISION

Loyola School began offering an Early Decision option in the 2008–2009 application season. The success of the process (nearly a third of our enrolled class) this past year inspires us to continue Early Decision for fall 2010. Please consider this option if your family is certain that Loyola School is the school in which you will enroll upon acceptance. This is an important decision and the family should make it together. Contracts and enrollment deposits for students accepted in the Early Decision process are due December 18, 2009.

LOYOLA SCHOOL

Application for Admission—Part 1

APPLICANT INFORMATION

To be filled out by Parent/Guardian. Application must be completed in blue or black ballpoint pen.

FIRST NAME	MIDDLE NAME	LAST NAME	PREFERS TO BE CALLED
HOME ADDRESS	CITY	STATE	ZIP
HOME PHONE	HOME FAX	APPLICANT EMAIL	
AGE	DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY NUMBER

Please attach a
recent passport size
photo to Part 1.
optional

UNITED STATES CITIZEN YES NO

LANGUAGE SPOKEN AT HOME OTHER THAN ENGLISH _____

COUNTRY OF CITIZENSHIP (IF NOT USA) _____

RELIGIOUS AFFILIATION _____

SCHOOL INFORMATION

CANDIDATE'S CURRENT SCHOOL _____

DATES OF ATTENDANCE (MM/DD/YY) _____

CURRENT GRADE _____

SCHOOL ADDRESS _____
STREET CITY STATE ZIP

SCHOOL PHONE _____ SCHOOL FAX _____

IS THIS THE FIRST APPLICATION TO LOYOLA SCHOOL? YES NO

IF NO, LIST DATE OF PREVIOUS APPLICATION: _____

PLEASE INDICATE WHICH ENTRANCE EXAM WILL BE CONSIDERED WITH YOUR APPLICATION:

LOYOLA EXAM ON THIRD SATURDAY OF NOVEMBER ISEE _____ SSAT _____
DATE SCHEDULED DATE SCHEDULED

PARENT/GUARDIAN 1

NAME _____

RELATIONSHIP TO CANDIDATE _____

HOME ADDRESS (IF DIFFERENT FROM STUDENT) _____

CITY STATE ZIP

HOME PHONE (IF DIFFERENT FROM STUDENT) _____

PLACE OF EMPLOYMENT _____

POSITION _____

BUSINESS ADDRESS _____

CITY STATE ZIP

BUSINESS PHONE _____

PREFERRED EMAIL _____

HIGHEST DEGREE SCHOOL

PARENT/GUARDIAN 2

NAME _____

RELATIONSHIP TO CANDIDATE _____

HOME ADDRESS (IF DIFFERENT FROM STUDENT) _____

CITY STATE ZIP

HOME PHONE (IF DIFFERENT FROM STUDENT) _____

PLACE OF EMPLOYMENT _____

POSITION _____

BUSINESS ADDRESS _____

CITY STATE ZIP

BUSINESS PHONE _____

PREFERRED EMAIL _____

HIGHEST DEGREE SCHOOL

PARENT STATEMENT

In the lines provided or on no more than two sides of a single sheet of paper, please address the following three questions. You may feel free to include any information (academic, social, personal, or extra-curricular) that could be of use to the admissions committee and the student's counselor were the student to enroll at Loyola in the future.

WHAT IS THE SINGLE MOST IMPORTANT CONTRIBUTION THAT A SCHOOL CAN OFFER YOUR CHILD? _____

WHAT CAN LOYOLA OFFER YOUR CHILD THAT NO OTHER SCHOOL CAN OFFER? _____

WHAT CAN YOUR CHILD CONTRIBUTE TO LOYOLA THAT IS UNIQUE TO HIM/HER? _____

STUDENT'S NAME

SCHOOL

STUDENT'S CONTACT TEL. NO.

STUDENT'S OR PARENT'S EMAIL

Please be aware that all families have waived their right to read the confidential recommendations.

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	ONE OF THE TOP FEW I HAVE EVER ENCOUNTERED	EXCELLENT TOP 10% THIS YEAR	GOOD ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
ACADEMIC POTENTIAL	_____	_____	_____	_____	_____	_____
ACADEMIC ACHIEVEMENT	_____	_____	_____	_____	_____	_____
INTELLECTUAL CURIOSITY	_____	_____	_____	_____	_____	_____
EFFORT/DETERMINATION	_____	_____	_____	_____	_____	_____
ABILITY TO WORK INDEPENDENTLY	_____	_____	_____	_____	_____	_____
ORGANIZATION	_____	_____	_____	_____	_____	_____
CREATIVITY	_____	_____	_____	_____	_____	_____
WILLINGNESS TO TAKE INTELLECTUAL RISKS	_____	_____	_____	_____	_____	_____
CONCERN FOR OTHERS	_____	_____	_____	_____	_____	_____
HONESTY/INTEGRITY	_____	_____	_____	_____	_____	_____
SELF-ESTEEM	_____	_____	_____	_____	_____	_____
MATURITY (RELATIVE TO AGE)	_____	_____	_____	_____	_____	_____
RESPONSIBILITY	_____	_____	_____	_____	_____	_____
RESPECT ACCORDED BY FACULTY	_____	_____	_____	_____	_____	_____
RESPECT ACCORDED BY PEERS	_____	_____	_____	_____	_____	_____
EMOTIONAL STABILITY	_____	_____	_____	_____	_____	_____
OVERALL EVALUATION AS A PERSON	_____	_____	_____	_____	_____	_____
OVERALL EVALUATION AS A STUDENT	_____	_____	_____	_____	_____	_____

IF THE STUDENT IS RELATIVELY WEAK OR STRONG IN ANY AREAS LISTED ABOVE, PLEASE ELABORATE. _____

HOW WELL DO YOU KNOW THE STUDENT ACADEMICALLY? _____

AS A PERSON? _____

PLEASE COMMENT ON THIS STUDENT'S CHARACTER, CITIZENSHIP, AND CONTRIBUTION TO YOUR COMMUNITY. _____

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT WILL GIVE US A MORE COMPLETE PICTURE OF THE STUDENT. IF NEEDED, FEEL FREE TO ADD AN ADDITIONAL PAGE. _____

BRIEFLY DESCRIBE YOUR COURSE. IT IS ESPECIALLY HELPFUL TO KNOW WHAT TEXTS ARE USED AND IF THE STUDENTS ARE GROUPED BY ABILITY. YOU MAY INCLUDE A FORMAL SYLLABUS FOR THIS PURPOSE. _____

HOW ACCURATELY DOES THE STUDENT READ AND UNDERSTAND WHAT HE OR SHE HAS READ? _____

HOW WELL DOES THE STUDENT WRITE IN COMPARISON WITH OTHER STUDENTS WHOM YOU HAVE TAUGHT? PLEASE BE SPECIFIC ABOUT AREAS OF STRENGTH AND WEAKNESS. _____

HOW WELL DOES THE STUDENT ACCEPT ADVICE OR CRITICISM? _____

WHAT ARE THE FIRST THREE WORDS THAT COME TO MIND TO DESCRIBE THIS STUDENT?

1. _____ 2. _____ 3. _____

Thank you for taking your valuable time to complete this recommendation. Your reflections are an important part of the student's application. Please return this recommendation to the Office of Admissions at Loyola School no later than the first Friday of December.

EVALUATOR'S NAME (PLEASE PRINT) _____ POSITION/TITLE _____

CONTACT TEL. NO. _____ EMAIL _____

SIGNATURE _____ DATE _____

PLEASE RETURN TO: LOYOLA SCHOOL | OFFICE OF ADMISSIONS | 980 PARK AVENUE | NEW YORK, NY 10028

Loyola School admits students of any race, color, national or ethnic origin, or religion to 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, national or ethnic origin, sexual orientation, or religion in the administration of its educational policies, admissions policies, scholarship programs, and athletic and other school-administered programs.

STUDENT'S NAME

SCHOOL

STUDENT'S CONTACT TEL. NO.

STUDENT'S OR PARENT'S EMAIL

Please be aware that all families have waived their right to read the confidential recommendations.

HOW WELL DO YOU KNOW THE STUDENT ACADEMICALLY? _____

AS A PERSON? _____

BRIEFLY DESCRIBE YOUR COURSE. IT IS ESPECIALLY HELPFUL TO KNOW WHAT TEXTS ARE USED AND IF THE STUDENTS ARE GROUPED BY ABILITY. YOU MAY PROVIDE A COURSE SYLLABUS FOR THIS PURPOSE. _____

IS THIS COURSE PART OF A TRACKING SYSTEM OR DESIGNATED AS AN HONORS OR ACCELERATED COURSE? YES NO

NEXT YEAR, WHAT MATH COURSE WOULD BE THE MOST APPROPRIATE PLACEMENT FOR THE STUDENT? _____

STUDENT'S MATHEMATICAL BACKGROUND: THE COURSES LISTED BELOW SUGGEST A SEQUENCE TYPICAL OF THE MATHEMATICS CURRICULUM IN MANY U.S. SECONDARY SCHOOLS. IF YOUR SCHOOL DOES NOT FOLLOW THIS SEQUENCE, PLEASE ATTACH YOUR CURRICULUM. PLEASE CHECK THOSE COURSES OR LIST OTHERS WHICH THE STUDENT WILL HAVE COMPLETED BY THE END OF THE CURRENT YEAR.

BASIC FIRST YEAR ALGEBRA (DOES NOT INCLUDE EXTENSIVE STUDY OF RATIONAL EXPRESSIONS, IRRATIONAL NUMBERS AND QUADRATIC EQUATIONS)

FIRST YEAR ALGEBRA (A THOROUGH COURSE WHICH INCLUDES QUADRATICS)

GEOMETRY

SECOND YEAR ALGEBRA (NOT INCLUDING TRIGONOMETRY)

SECOND YEAR ALGEBRA (INCLUDING NUMERICAL TRIGONOMETRY THROUGH THE LAWS OF SINE AND COSINE)

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	ONE OF THE TOP FEW I HAVE EVER ENCOUNTERED	EXCELLENT TOP 10% THIS YEAR	GOOD ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
KNOWLEDGE OF THE BASIC SKILLS	_____	_____	_____	_____	_____	_____
ACCURACY IN THE USE OF BASIC SKILLS	_____	_____	_____	_____	_____	_____
PROBLEM SOLVING ABILITY	_____	_____	_____	_____	_____	_____
REASONING ABILITY	_____	_____	_____	_____	_____	_____
UNDERSTANDING OF AND APPRECIATION FOR THE UNDERLYING IDEAS AND CONCEPTS	_____	_____	_____	_____	_____	_____
COMMAND OF MATHEMATICS WHEN COMPARED TO OTHER STUDENTS WHOM YOU HAVE TAUGHT	_____	_____	_____	_____	_____	_____

WHAT ARE THE FIRST THREE WORDS THAT COME TO MIND TO DESCRIBE THIS STUDENT?

1. _____ 2. _____ 3. _____

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	ONE OF THE TOP FEW I HAVE EVER ENCOUNTERED	EXCELLENT TOP 10% THIS YEAR	GOOD ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
ACADEMIC POTENTIAL	_____	_____	_____	_____	_____	_____
ACADEMIC ACHIEVEMENT	_____	_____	_____	_____	_____	_____
INTELLECTUAL CURIOSITY	_____	_____	_____	_____	_____	_____
EFFORT/DETERMINATION	_____	_____	_____	_____	_____	_____
ABILITY TO WORK INDEPENDENTLY	_____	_____	_____	_____	_____	_____
ORGANIZATION	_____	_____	_____	_____	_____	_____
CREATIVITY	_____	_____	_____	_____	_____	_____
WILLINGNESS TO TAKE INTELLECTUAL RISKS	_____	_____	_____	_____	_____	_____
CONCERN FOR OTHERS	_____	_____	_____	_____	_____	_____
HONESTY/INTEGRITY	_____	_____	_____	_____	_____	_____
SELF-ESTEEM	_____	_____	_____	_____	_____	_____
MATURITY (RELATIVE TO AGE)	_____	_____	_____	_____	_____	_____
RESPONSIBILITY	_____	_____	_____	_____	_____	_____
RESPECT ACCORDED BY FACULTY	_____	_____	_____	_____	_____	_____
RESPECT ACCORDED BY PEERS	_____	_____	_____	_____	_____	_____
EMOTIONAL STABILITY	_____	_____	_____	_____	_____	_____
OVERALL EVALUATION AS A PERSON	_____	_____	_____	_____	_____	_____
OVERALL EVALUATION AS A STUDENT	_____	_____	_____	_____	_____	_____

IF THE STUDENT IS RELATIVELY WEAK OR STRONG IN ANY AREAS LISTED ABOVE, PLEASE ELABORATE. _____

PLEASE COMMENT ON THIS STUDENT'S CHARACTER, CITIZENSHIP, AND CONTRIBUTION TO YOUR COMMUNITY. _____

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT WILL GIVE US A MORE COMPLETE PICTURE OF THE STUDENT. _____

Thank you for taking your valuable time to complete this recommendation. Your reflections are an important part of the student's application. Please return this recommendation to the Office of Admissions at Loyola School no later than the first Friday of December.

EVALUATOR'S NAME (PLEASE PRINT) POSITION/TITLE

CONTACT TEL. NO. EMAIL

SIGNATURE DATE

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This form is intended to highlight a student's particular strengths in extracurricular, arts, or sports activities. Letters of personal recommendation may be submitted separately.

STUDENT'S NAME _____ SCHOOL _____

STUDENT'S CONTACT TEL. NO. _____ STUDENT'S OR PARENT'S EMAIL _____

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	ONE OF THE TOP FEW I HAVE EVER ENCOUNTERED	EXCELLENT TOP 10% THIS YEAR	GOOD ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
EFFORT/DETERMINATION	_____	_____	_____	_____	_____	_____
ABILITY TO WORK INDEPENDENTLY	_____	_____	_____	_____	_____	_____
ORGANIZATION	_____	_____	_____	_____	_____	_____
WILLINGNESS TO TAKE RISKS	_____	_____	_____	_____	_____	_____
CONCERN FOR OTHERS	_____	_____	_____	_____	_____	_____
HONESTY	_____	_____	_____	_____	_____	_____
SELF-ESTEEM	_____	_____	_____	_____	_____	_____
MATURITY	_____	_____	_____	_____	_____	_____
RESPONSIBILITY	_____	_____	_____	_____	_____	_____
RESPECT ACCORDED BY ADULTS	_____	_____	_____	_____	_____	_____
RESPECT ACCORDED BY PEERS	_____	_____	_____	_____	_____	_____
EMOTIONAL STABILITY	_____	_____	_____	_____	_____	_____
SPECIAL INTEREST POTENTIAL	_____	_____	_____	_____	_____	_____
SPECIAL INTEREST ACHIEVEMENT	_____	_____	_____	_____	_____	_____
OVERALL EVALUATION AS A PERSON	_____	_____	_____	_____	_____	_____

HOW WELL DO YOU KNOW THE STUDENT? _____

COMMENT ON THE APPLICANT'S SKILL LEVEL COMPARED TO OTHERS WITH WHOM YOU HAVE WORKED. _____

AS YOU THINK ABOUT THIS APPLICANT, PLEASE ADDRESS THE ISSUE OF PERFORMANCE VERSUS POTENTIAL. _____

WHAT ARE THE FIRST THREE WORDS THAT COME TO MIND TO DESCRIBE THIS STUDENT?

1. _____ 2. _____ 3. _____

STUDENT'S NAME

SCHOOL

STUDENT'S CONTACT TEL. NO.

STUDENT'S OR PARENT'S EMAIL

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	ONE OF THE TOP FEW I HAVE EVER ENCOUNTERED	EXCELLENT TOP 10% THIS YEAR	GOOD ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
EFFORT/DETERMINATION	_____	_____	_____	_____	_____	_____
ABILITY TO WORK INDEPENDENTLY	_____	_____	_____	_____	_____	_____
ORGANIZATION	_____	_____	_____	_____	_____	_____
WILLINGNESS TO TAKE RISKS	_____	_____	_____	_____	_____	_____
CONCERN FOR OTHERS	_____	_____	_____	_____	_____	_____
HONESTY	_____	_____	_____	_____	_____	_____
SELF-ESTEEM	_____	_____	_____	_____	_____	_____
MATURITY	_____	_____	_____	_____	_____	_____
RESPONSIBILITY	_____	_____	_____	_____	_____	_____
RESPECT ACCORDED BY ADULTS	_____	_____	_____	_____	_____	_____
RESPECT ACCORDED BY PEERS	_____	_____	_____	_____	_____	_____
EMOTIONAL STABILITY	_____	_____	_____	_____	_____	_____
SPECIAL INTEREST POTENTIAL	_____	_____	_____	_____	_____	_____
SPECIAL INTEREST ACHIEVEMENT	_____	_____	_____	_____	_____	_____
OVERALL EVALUATION AS A PERSON	_____	_____	_____	_____	_____	_____

PLEASE COMMENT ON THE APPLICANT'S SKILL LEVEL COMPARED TO OTHERS WITH WHOM YOU HAVE WORKED. _____

AS YOU THINK ABOUT THIS APPLICANT, PLEASE ADDRESS THE ISSUE OF PERFORMANCE VERSUS POTENTIAL. _____

WHAT ARE THE FIRST THREE WORDS THAT COME TO MIND TO DESCRIBE THIS STUDENT?

1. _____ 2. _____ 3. _____

Thank you for taking your valuable time to complete this recommendation. Your reflections are an important part of the student's application. Please return this School Report, together with the candidate's transcript, to the Office of Admissions at Loyola School at the end of the first term or semester and no later than the first Friday of January.

Thank you very much for your help.

EVALUATOR'S NAME (PLEASE PRINT)		TITLE	
SIGNATURE		DATE	
ADDRESS	CITY	STATE	ZIP
TELEPHONE	FAX		
EMAIL			

PLEASE RETURN TO: LOYOLA SCHOOL | OFFICE OF ADMISSIONS | 980 PARK AVENUE | NEW YORK, NY 10028

Please visit us frequently

at the Loyola School website:

www.loyola-nyc.org

for up-to-date information.

LOYOLA SCHOOL

980 Park Avenue

New York, NY 10028

General 212.288.3522

Admissions 646.346.8131/2

Fax 646.346.8175

LOYOLA

*Uniquely Jesuit,
Independent, Coeducational*

www.loyola-nyc.org

Loyola values a coeducational and a diverse student body, fostering this through its scholarship and financial assistance programs and its nondiscriminatory policy: Loyola School admits students of any race, color, national or ethnic origin, or religion to 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, national or ethnic origin, sexual orientation, or religion in the administration of its educational policies, admissions policies, scholarship programs, and athletic and other school-administered programs.