

APPLICATION CHECKLIST

Before you put your application in the mail, please double check everything to be sure that:

1) all forms are completed in their entirety, 2) all necessary signatures are in place, and 3) all requested documents are included.

- ☐ Application
- ☐ Application Fee (**non-refundable** \$50)
- ☐ Handwritten Essay (select one topic)
How can The Piney Woods School prepare you to be a Leader?
OR
What does Leadership mean to you?
- ☐ Recent Photo (**required**)
- ☐ Transcript Request/School Report (**required**)
- ☐ English Teacher Recommendation (**required**)
- ☐ Mathematics Teacher Recommendation (**required**)
- ☐ Student Social History (**signed, dated and notarized**)
- ☐ Immunization Record (**Form No. 121**)

ADDITIONAL DOCUMENTS

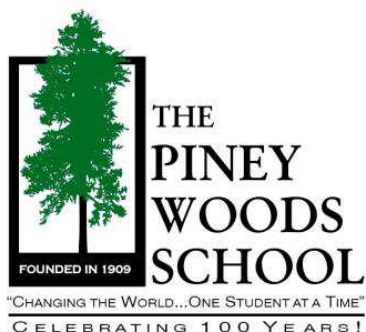
- ☐ Unofficial transcript (for the school year 20____ - 20____)
- ☐ Current Grades
- ☐ Copy of Certified Birth Certificate
- ☐ Copy of Social Security Card

The Admissions Application **will not** be reviewed until **ALL** documents above are received. If you have any questions or concerns, please feel free to contact:

Ronald Huddleston
Recruiter
Office of Admissions
(601) 845 – 2214, ext. 223

OR

Theresa Wansley
Director of Records and Academic Counseling Services
Academics Department
(601) 845 – 2214, ext. 2272



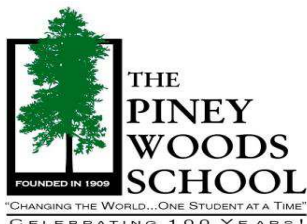
CRITERIA FOR BECOMING A PINEY WOODS STUDENT

We actively seek to enroll students with appropriate educational and social values who show academic promise and want a superior academic education that is undergirded by a strong Christian experience. In order to apply for admissions to The Piney Woods School, prospective students must:

1. Show academic potential and seriousness about receiving a good education.
2. Have a good record of psychosocial values (must not have a record of school expulsions, suspensions, or arrests.)
3. Have a 2.0 g.p.a. = “C” average or better in all academic subjects.
4. Be on grade level or above in all core subjects.
5. Provide positive social and behavioral statements from present school (Social History).
6. Demonstrate good citizenship and leadership skills.
7. Receive satisfactory recommendations from:
 - a. Current English Teacher
 - b. Current Mathematics Teacher
 - c. Guidance Counselor or Principal (Transcript Request/School Report Form)

The Piney Woods School

Office of Admissions
P.O. Box 100
Piney Woods, MS 39148
Tel: (601) 845 – 2214, ext. 2223
Fax: (601) 845 – 2604



ADMISSIONS APPLICATION

P.O. Box 100 ♦ Piney Woods, MS 39148
tel (601) 845 – 2214, ext. 2223 ♦ fax (601) 845 – 2604

APPLICANT

Last Name		First	Middle	Nickname
Date of Birth		Country of Birth	Language Spoken	<input type="checkbox"/> Male <input type="checkbox"/> Female
Students' Social Security #		Have you applied here before? <input type="checkbox"/> No <input type="checkbox"/> Yes In what year? _____		
Home Address		Post Office Box		
City		State	Zip	
Home Telephone Number (please include area/country code)		Cellular Telephone Number (please include area/country code)		
Present School	Grade	Telephone Number (please include area/country code)		
Address of School		City	State	Zip
Principal		Counselor		

I am applying as:

- ☐ Freshman – 9th
☐ Sophomore – 10th
☐ Junior – 11th

I am applying for:

- ☐ Fall Semester
 20_____
☐ Spring Semester
 20_____

MOTHER

Name	Completed <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> College <input type="checkbox"/> Grad School <input type="checkbox"/> Other _____
Address (if different from applicant's; please be sure to include ZIP CODE)	
City	State Zip
Home Number (include area/country code)	Cellular Number (include area/country code) Work Number (include area/country code)
Occupation	Email Address

FATHER

Name	Completed <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> College <input type="checkbox"/> Grad School <input type="checkbox"/> Other _____
Address (if different from applicant's; please be sure to include ZIP CODE)	
City	State Zip
Home Number (include area/country code)	Cellular Number (include area/country code) Work Number (include area/country code)
Occupation	Email Address

GUARDIAN

Name	Relationship	Completed <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> College <input type="checkbox"/> Grad School <input type="checkbox"/> Other _____
Address (if different from applicant's; please be sure to include ZIP CODE)		
City	State	Zip
Home Number (include area/country code)	Cellular Number (include area/country code)	Work Number (include area/country code)
Occupation	Email Address	

PLEASE CHECK ALL THAT APPLY:

- ☐ married ☐ divorced ☐ single parent ☐ separated ☐ mother is remarried
☐ father is remarried ☐ widow

Who has custody of this applicant?
 (Legal documentation is required.)

- ☐ mother ☐ father ☐ joint ☐ Other _____

SPECIAL TALENTS

What special talents and/or interests does your child possess? Be specific (i.e., singing, playing musical instruments, other artistic talent, athletic abilities, etc.)

OTHER INFORMATION

How did you learn about The Piney Woods School? _____

What are your educational goals for your daughter or son? _____

Name the person(s) you know who attends our attended The Piney Woods School. _____

Does your child have a special handicap need? ☐ No ☐ Yes If yes, please list. _____

Are there any experiences that have influenced your son or daughter of which we should be aware? _____

Has your child ever experienced social or emotional difficulties? ☐ No ☐ Yes If yes, and received counseling, please forward copy of evaluation.

List any serious illnesses, operations, or accidents. Please include child's approximate age at the time. _____

Student's Signature (Print) Date

Mother/Female Signature (Print) Date

Father/Male Signature (Print) Date

Name of Person Responsible for Tuition Email Address

Address (if different from applicant's; please be sure to include ZIP CODE) City State Zip

Home Number (include area/country code) Cellular Number (include area/country code) Work Number (include area/country code)

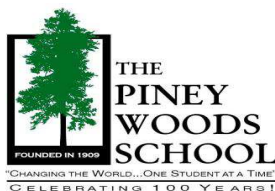
Signature (Print Name) Date

A non-refundable application fee of \$50 in the form of a money order or cashier's check made payable to THE PINEY WOODS SCHOOL must accompany this application.

The Piney Woods School does not discriminate on the basis of physical handicap, race, creed, color, or gender in the administration of educational policies enrollment, scholarships, and other school programs. The school affords each student the full range of social, academic, and athletic opportunities.

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TRANSCRIPT REQUEST/ SCHOOL REPORT

Applicant's First Name

Middle

Last

INSTRUCTIONS FOR GUIDANCE COUNSELOR OR PRINCIPAL

This student is a candidate for admissions to The Piney Woods School. Please complete both sides of this form and attach:

- ☐ an unofficial transcript (school record, including **CURRENT GRADES**)
- ☐ a record of this student's standardized test results
- ☐ a school profile

Return this form and the above items to: The Piney Woods School, Office of Admissions, P.O. Box 69, Piney Woods, MS 39148-0069.

School Name _____ ☐ Public ☐ Private

Address _____ City/Town _____ State _____ Country _____ Zip _____

E-mail Address _____ Principal or Head of School _____

Applicant's Entrance Date _____ Grading Scale _____ Passing Mark _____ Honors Mark _____

Applicant ranks _____ in a class of _____ students.

Are classes sectioned according to ability? ☐ No ☐ Yes If yes, please indicate what section the applicant is in or the task he/she is on (i.e., honors, college preparatory, advanced, regular, other):

ACADEMIC INFORMATION

How many schools has the applicant attended in the past three (3) years? _____

How long has the applicant attended the above school? _____ Cumulative Grade Point Average (circle one) **A B C D F**

Type of Curriculum: ☐ College Preparatory ☐ Vocational ☐ Elementary
☐ Special Education ☐ Gifted ☐ General
☐ Home Schooling

Has applicant been suspended or expelled from school within the past year? ☐ No ☐ Yes If yes, what was the reason?

Has applicant previously attended boarding school? ☐ No ☐ Yes If yes, list boarding school and dates of attendance.

Please comment on the following:

1. Applicant's maturity in relation to his or her peers. _____

2. Extent of need for supervision. _____

3. Academic achievement versus ability? _____

4. Are there any factors to date that have influenced the applicant's academic and social progress of which The Piney Woods School should be aware? Also, please rate their social skills from 1 to 5, with 5 being excellent.

5. Are there health problems (physical or emotional) of which The Piney Woods School should be aware?

6. Has the applicant ever been involved in a serious infraction of school rules? If yes, please specify.

I recommend this applicant for admission:

☐ enthusiastically ☐ strongly ☐ mildly ☐ with reservation ☐ not at all

Signature

Date

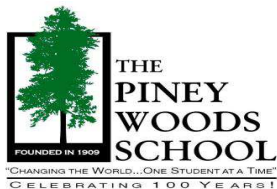
Name (please print)

We appreciate the time and effort required to complete this evaluation. Your thoughtful comments will help us gain a better understanding of the applicant as an individual and as a student.

☐ Please send me additional information about The Piney Woods School.

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RECOMMENDATION FROM CURRENT ENGLISH TEACHER

INSTRUCTIONS FOR APPLICANT

Fill in your full name below and give this form to your current English teacher. The form should be returned to our Office of Admissions.

Applicant's First Name

Middle

Last

INSTRUCTIONS FOR TEACHER

This student is an applicant for admission to The Piney Woods School. Please complete both sides of this form and return it to: The Piney Woods School, Office of Admissions, P.O. Box 69, Piney Woods, MS 39148-0069.

1. In what subjects and during which academic years have you taught the applicant? (Please indicate course and level.)

2. In what other capacities have you known the applicant?

3. In relation to others in the same age group whom you have known, please rate applicant in the following areas by placing an "X" on the appropriate line in each row.

ACADEMIC EVALUATION

	Outstanding	Excellent	Good	Average	Below Average	Poor	N/A
Academic potential	_____	_____	_____	_____	_____	_____	_____
Academic achievement	_____	_____	_____	_____	_____	_____	_____
Ability to work independently	_____	_____	_____	_____	_____	_____	_____
Imagination/ creativity	_____	_____	_____	_____	_____	_____	_____
Intellectual curiosity	_____	_____	_____	_____	_____	_____	_____
Clarity of writing style	_____	_____	_____	_____	_____	_____	_____
Oral expressions	_____	_____	_____	_____	_____	_____	_____
Effort / persistence	_____	_____	_____	_____	_____	_____	_____
Ability to hand in work on time	_____	_____	_____	_____	_____	_____	_____
Study habits	_____	_____	_____	_____	_____	_____	_____

PERSONAL EVALUATION

	Outstanding	Excellent	Good	Average	Below Average	Poor	N/A
Conduct	_____	_____	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____	_____	_____
Personal integrity	_____	_____	_____	_____	_____	_____	_____
Peer compatibility	_____	_____	_____	_____	_____	_____	_____
Relationship to adults	_____	_____	_____	_____	_____	_____	_____
Self-confidence	_____	_____	_____	_____	_____	_____	_____
Sense of humor	_____	_____	_____	_____	_____	_____	_____

Please comment on the following:

4. What course would you recommend this applicant take next year? _____

5. The applicant's ability to move from literal to figurative interpretations. _____

6. The applicant's ability to organize and communicate ideas verbally and in writing. _____

7. The applicant's ability to learn from his or her mistakes. _____

8. Are there particular strengths or weaknesses of which you feel the Admissions Committee should be aware? _____

9. Additional thoughts and comments are welcome. _____

10. If you have any reason to question the integrity of the applicant, please explain on a separate sheet of school letterhead.

I recommend this applicant for admission:

☐ enthusiastically ☐ strongly ☐ mildly ☐ with reservation ☐ not at all

Teacher's Signature _____

_____ Date

Teacher's Name (please print) _____

_____ Mailing Address

_____ City/Town

_____ State

_____ Country

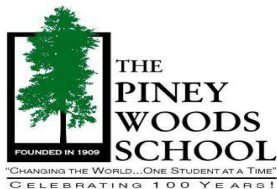
_____ Zip

We appreciate the time and effort required to complete this evaluation. Your thoughtful comments will help us gain a better understanding of the applicant as an individual and as a student.

☐ Please send me additional information about The Piney Woods School.

The Piney Woods School

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RECOMMENDATION FROM CURRENT MATHEMATICS TEACHER

INSTRUCTIONS FOR APPLICANT

Fill in your full name below and give this form to your current Mathematics teacher. The form should be returned to our Office of Admissions.

Applicant's First Name

Middle

Last

INSTRUCTIONS FOR TEACHER

This student is an applicant for admission to The Piney Woods School. Please complete both sides of this form and return it to: The Piney Woods School, Office of Admissions, P.O. Box 69, Piney Woods, MS 39148-0069.

1. In what subjects and during which academic years have you taught the applicant? (Please indicate course and level.)

2. In what other capacities have you known the applicant?

3. In relation to others in the same age group whom you have known, please rate applicant in the following areas by placing an "X" on the appropriate line in each row.

ACADEMIC EVALUATION

	Outstanding	Excellent	Good	Average	Below Average	Poor	N/A
Academic potential	_____	_____	_____	_____	_____	_____	_____
Academic achievement	_____	_____	_____	_____	_____	_____	_____
Ability to work independently	_____	_____	_____	_____	_____	_____	_____
Imagination/ creativity	_____	_____	_____	_____	_____	_____	_____
Intellectual curiosity	_____	_____	_____	_____	_____	_____	_____
Clarity of writing style	_____	_____	_____	_____	_____	_____	_____
Oral expressions	_____	_____	_____	_____	_____	_____	_____
Effort / persistence	_____	_____	_____	_____	_____	_____	_____
Ability to hand in work on time	_____	_____	_____	_____	_____	_____	_____
Study habits	_____	_____	_____	_____	_____	_____	_____

PERSONAL EVALUATION

	Outstanding	Excellent	Good	Average	Below Average	Poor	N/A
Conduct	_____	_____	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____	_____	_____
Personal integrity	_____	_____	_____	_____	_____	_____	_____
Peer compatibility	_____	_____	_____	_____	_____	_____	_____
Relationship to adults	_____	_____	_____	_____	_____	_____	_____
Self-confidence	_____	_____	_____	_____	_____	_____	_____
Sense of humor	_____	_____	_____	_____	_____	_____	_____

Please comment on the following:

4. What course would you recommend this applicant take next year? _____

5. The applicant's ability to learn from his or her mistakes. _____

6. Are there particular strengths or weaknesses of which you feel the Admissions Committee should be aware? _____

7. Additional thoughts and comments are welcome. _____

8. If you have any reason to question the integrity of the applicant, please explain on a separate sheet of school letterhead.

I recommend this applicant for admission:

☐ enthusiastically ☐ strongly ☐ mildly ☐ with reservation ☐ not at all

Teacher's Signature

Date

Teacher's Name (please print)

Mailing Address

City/Town

State

Country

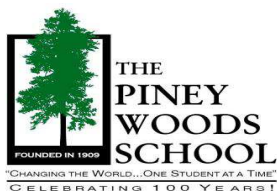
Zip

We appreciate the time and effort required to complete this evaluation. Your thoughtful comments will help us gain a better understanding of the applicant as an individual and as a student.

☐ Please send me additional information about The Piney Woods School.

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STUDENT SOCIAL HISTORY

This Social History must be completed by the Parent or Legal Guardian. The parent and/or legal guardian must also sign this document in the presence of a notary public. The Admissions Application is not complete and will not be considered for acceptance until the Social History is completed and received by the Office of Admissions at The Piney Woods School.

All information provided in the Social History will be kept strictly confidential.

STUDENT INFORMATION

Name _____ Age _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Race _____ Gender _____ Grade _____ Social Security # _____

Longest period of time spent away from home _____ U.S. Citizen ☐ No ☐ Yes

Currently resides in the United States? ☐ No ☐ Yes If no, does applicant have a sponsor in the United States? ☐ No ☐ Yes

If yes, please identify sponsor: Name _____

Address _____ City _____ State _____ Zip _____

Sponsor's Home # (including area/country code) _____ Cellular # _____

Sponsor's E-Mail Address _____

FAMILY INFORMATION

Mother's Name _____	Father's Name _____
Address _____	Address _____
Home # _____	Home # _____
Cellular # _____	Cellular # _____
Work # _____	Work # _____
Female Legal Guardian _____	Male Legal Guardian _____
Address _____	Address _____
Home # _____	Home # _____
Cellular # _____	Cellular # _____
Work # _____	Work # _____

Number of siblings: _____. Please list below.

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Other household members (other than parent/guardians or siblings)

Name _____ Age _____ Relationship to Applicant _____

Name _____ Age _____ Relationship to Applicant _____

Name _____ Age _____ Relationship to Applicant _____

How many times has the applicant's family moved in the past five (5) years? _____

Reasons for moving? _____

In the past five (5) years, the applicants' family has experienced the following: (check all that apply)

- | | | |
|---|---|-------------------------------|
| <input type="checkbox"/> Prolonged unemployment | <input type="checkbox"/> Divorce | Date _____ |
| <input type="checkbox"/> Drug abuse by student | <input type="checkbox"/> Marital separation | Date _____ |
| <input type="checkbox"/> Drug abuse by close family member | <input type="checkbox"/> Death of close family member | Relationship _____ Date _____ |
| <input type="checkbox"/> Alcohol abuse by student | <input type="checkbox"/> Legal problems | |
| <input type="checkbox"/> Alcohol abuse by close family member | <input type="checkbox"/> Financial problems | |
| <input type="checkbox"/> Rape | <input type="checkbox"/> Housing problems | |
| <input type="checkbox"/> Incest | <input type="checkbox"/> Runaway | |
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Abandonment | |
| <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Adoption | |
| <input type="checkbox"/> Child neglect | <input type="checkbox"/> Other (please list) | _____ |
| <input type="checkbox"/> Foster care placement | | _____ |

HOUSEHOLD INCOME

Please list household income \$ _____

Proof of Income (**required**; check all that apply)

- ☐ Copy of recent tax form(s)
- ☐ Copy of W-2 form(s)
- ☐ Copy of benefits (i.e. Social Security, Unemployment, etc.)

MEDICAL INFORMATION

Is the applicant currently taking medication (s)? ☐ No ☐ Yes If yes, please list _____

Is the applicant allergic to any medication(s)? ☐ No ☐ Yes If yes, please list _____

Student has experienced:

- | | |
|--|--|
| <input type="checkbox"/> Frequent accidents | <input type="checkbox"/> Speech problems |
| <input type="checkbox"/> Sleep problems | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Bed wetting |
| <input type="checkbox"/> Vision problems | <input type="checkbox"/> Emotional problems |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Discipline problems |
| <input type="checkbox"/> Severe cramping | <input type="checkbox"/> Chronic pain |
| <input type="checkbox"/> Irregular menstrual cycle | <input type="checkbox"/> Alcohol abuse |
| <input type="checkbox"/> Miscarriage | <input type="checkbox"/> Drug abuse |
| <input type="checkbox"/> Childbirth | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Heart problems | _____ |
| <input type="checkbox"/> Kidney problems | _____ |

MEDICAL INFORMATION (continued)

Has applicant ever been hospitalized? ☐ No ☐ Yes If yes, please list _____

Has the applicant had a physical examination within the past year? ☐ No ☐ Yes

Are the applicant's immunizations up to date? ☐ No ☐ Yes

Does the applicant have a history of emotional or mental illness? ☐ No ☐ Yes

If yes: Date of Treatment _____

Type of Disorder _____

Has the applicant received counseling for social or emotional issues? ☐ No ☐ Yes

If yes, indicate diagnosis (**parent must provide a copy of evaluation**). _____

Name of Therapist: _____ Date of Service _____

Address _____ City _____ State _____ Zip _____

Work #(including area/country code) _____ Fax _____

E-mail Address _____

Does applicant have an Attention Deficit Disorder? ☐ No ☐ Yes

If yes: is the student on medication for this condition? ☐ No ☐ Yes

If yes, list medications: _____

SOCIAL INFORMATION

List hobbies that applicant enjoys: _____

List church, school, or community activities: _____

List future goals: _____

Has applicant ever been arrested? ☐ No ☐ Yes If yes, what was the charge? _____

City _____ State _____ County _____

Disposition of case: _____

Is the applicant involved with the juvenile court system? ☐ No ☐ Yes If yes, what was the charge? _____

City _____ State _____ County _____

Disposition of case: _____

NOTARY Services

The Student Social History was completed by:

Parent (Biological Mother and/or Father)

Date

OR

Legal Guardian (Please acknowledge relationship)

Date

I hereby verify that all information contained in this Student Social History is true to the best of my knowledge. I further understand that intentional falsification of information will negate the enrollment of my son/daughter. By signing this document, I hereby give The Piney Woods School permission to obtain and/or release any information or documentation that is related to the academic, social, emotional, or medical status of the applicant.

WITNESS our signatures this the _____ day of _____, 20____.

Signature of Parent/Guardian

Subscribed and sworn before me this _____ day of _____, 20____.

in _____ County and the State of _____

(SEAL)

Notary Public

My Commission Expires

The Piney Woods School

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