





## Application for Admission

Our goal is to make the appropriate match between our school community and motivated, hardworking students seeking the benefits of a Cannon School education. We actively seek a diverse student body that embraces learning, discovery, and personal growth.

Enrollment decisions at Cannon are based on an assessment of each applicant's ability to succeed in a challenging, yet supportive, college preparatory environment. Academic records, teacher recommendations, entrance testing results, and a student visit form the basis of this assessment.

Families wishing to pursue enrollment at Cannon School should complete the Application for Admission and return it, with the appropriate application fee, to the Cannon School Admission Office.

## Admission Testing

Applicants for grades 5-12 are required to complete the Independent School Entrance Exam (ISEE). The ISEE is a nationally-normed, standardized test that measures a student's ability and aptitude in reading comprehension, verbal and quantitative reasoning, mathematics, and writing.

The ISEE can be taken at Cannon School on one of three published group testing dates in the winter and spring. Applicants can also complete the test at other group testing sites and have scores reported to the Admission Office at Cannon. Please refer to the ISEE Student Guide for a complete list of group testing dates and sites.

Parents register for the ISEE using the registration forms found in the ISEE Student Guide. Please note that there is a fee for the test, and each group testing date has a published registration deadline. Walk-in registration (for an additional fee) is available as space permits.

Online registration is available through the ISEE web site which can be accessed easily from the "How to Apply" section of the Cannon School Admission Office web site at [www.cannonschool.org/admission](http://www.cannonschool.org/admission).

When registering, please note that the **Cannon School ISEE school code is 340878**.

Contact the Admission Office at 704-721-7199 for additional information and to schedule individual testing dates in the event that all group testing dates have passed.

## Financial Aid

Cannon School strives to make an Independent School education available to families of various financial means. Monthly payment plans and financial aid are available beginning in Kindergarten. Financial aid grants are need-based and are determined through the School and Student Service for Financial Aid application process. Applications can be submitted after December 15. Call the Cannon School Admission Office at 704-721-7199 to request a Financial Aid application. Applications can also be submitted online at [www.nais.org/financialaid/sss](http://www.nais.org/financialaid/sss). Printed copies of the online application and corresponding documentation should be mailed to Cannon's Director of Financial Aid.

## THE FOLLOWING IS REQUIRED TO COMPLETE YOUR ADMISSION PROCESS:

- > Campus Tours are encouraged for all families. Please call the Admission Office at 704-721-7199 to schedule a tour.
- > Completed Application, with accompanying \$90 non-refundable fee, will be accepted within one year prior to desired enrollment date.
- > Student visits are required for all applicants. These visits vary by grade level. Please call the Admission Office at 704-721-7199 to schedule a visit.
- > Entrance Evaluations are required for all candidates.
- > Teacher recommendations should be completed by the teacher(s) and mailed by the teacher directly to Cannon School.
- > Transcript Release Requests should be signed by the parents and given to the current school, permitting the school to forward copies of transcripts, standardized testing reports, and any behavior or discipline reports.

An applicant's file is presented to the Admission Committee only when the entire admission process is complete. Cannon School accepts students without regard to race, religion, sex or national origin.



# Applicant Profile

<b>For Office Use Only</b>
Deposit Received: _____
Date: _____ Check # _____
By: _____

<b>Applicant's Full Name:</b>			<b>Preferred Name:</b>	
<i>Last</i>	<i>First</i>	<i>Middle</i>		
<b>Applying for Grade:</b>	<b>Primary Parent Email Address:</b>		<b>Home Phone:</b>	

Home Address: \_\_\_\_\_  
*Street Name/Apt.#* *City* *State* *Zip*

Male/Female: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

U.S. Citizen?  Yes  No If no, Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_ Visa Type: \_\_\_\_\_

What languages does the Applicant speak? \_\_\_\_\_ What is the primary language? \_\_\_\_\_

For the purposes of NAIS (National Association of Independent Schools) statistics, please check the appropriate box (Optional): The child is:  African-American  Asian American  Caucasian  International  Hispanic/Latino American  Middle Eastern American  Multi-Racial American  Native American  Pacific Islander American  Other

Present School Attending: \_\_\_\_\_ Other Schools Attended: \_\_\_\_\_

<b>Siblings Enrolled at Cannon? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	<b>Has the Applicant previously attended Cannon School? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>
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Friends or relatives who are presently attending Cannon School or have attended in the past: \_\_\_\_\_

Has any physical or medical problem ever existed which adversely affected the overall performance of the applicant in school or which might interfere with regular school work or athletics at Cannon School?  Yes  No  
*If YES, please state the facts on another sheet of paper.*

Has a physician ever prescribed any special medication for a concentration disorder or emotional needs of the applicant or is the applicant presently receiving any such medication?  Yes  No  
*If YES, please state the facts on another sheet of paper.*

Has the applicant ever been assigned detention, been suspended, expelled, or had other disciplinary action taken?  Yes  No  
*If YES, please state the facts on a separate sheet of paper.*

## SIBLING PROFILE

Sibling's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
*Last First Middle*

School Attending: \_\_\_\_\_

Sibling's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
*Last First Middle*

School Attending: \_\_\_\_\_



# Parent Profile

Father's Full Name: \_\_\_\_\_

*Please include title: Dr., Mrs., etc.*

Mother's Full Name: \_\_\_\_\_

*Please include title: Dr., Mrs., etc.*

Home Address: \_\_\_\_\_

*If different from Applicant's Street Name/Apt#*

Home Address: \_\_\_\_\_

*If different from Applicant's Street Name/Apt#*

City State Zip

City State Zip

Home Phone: Cell Phone: \_\_\_\_\_

Home Phone: Cell Phone: \_\_\_\_\_

Please list the neighborhood in which you reside: \_\_\_\_\_

Please list the neighborhood in which you reside: \_\_\_\_\_

Colleges/Universities Attended/Degrees: \_\_\_\_\_

Colleges/Universities Attended/Degrees: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

*Street Name/Apt#*

Business Address: \_\_\_\_\_

*Street Name/Apt#*

City State Zip

City State Zip

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Please check one of the following:  Married  Single  Separated  Divorced  Parent Deceased  Other

School correspondence should be mailed to: \_\_\_\_\_

Financial correspondence should be mailed to: \_\_\_\_\_

What is the legal custody arrangement? \_\_\_\_\_

With whom does the applicant reside? \_\_\_\_\_

Please check if you would like to receive information about our Financial Aid program. *Financial Aid is available for grades K-12.*

Please include a fee of \$90 and a current photo of the applicant with this application (checks should be made payable to Cannon School). This fee covers the cost of the application and is non-refundable.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent or Guardian*

Admission decisions are made when the entire application process is complete. Cannon School accepts students without regard to race, religion, sex, or national origin.



## Middle & Upper School Student Questionnaire

Applicant's Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_  
*Last First Middle*

This form is to be completed by the applicant in his or her own handwriting with blue or black ink. Please return completed questionnaire to Cannon School. (You may attach a separate sheet of paper for additional comments.)

### PLEASE COMPLETE THE FOLLOWING

1. I enjoy...

2. My favorite class in school is \_\_\_\_\_ because I ...

3. My greatest academic challenge is...

4. My friends might describe me as...

5. I describe myself as ...

6. My teachers might describe me as...

7. My favorite book is...





# Middle & Upper Mathematics Teacher Recommendation

Applicant's Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_  
*Last First Middle*

**To the Applicant:** Please give this form to your current mathematics teacher. Your teacher will mail this form directly to Cannon School.

**To the Teacher:** The student named above is a candidate for admission to Cannon School. We find candid evaluations helpful in choosing from among highly qualified candidates. We are primarily interested in what you think is important about the applicant's academic and personal qualifications. Please complete this **confidential** recommendation form and return it directly to Cannon School at the address below. You may make a copy for your files. The Cannon School Admission staff is grateful for your assistance. (You may attach a separate piece of paper for additional comments.)

<b>GENERAL EVALUATION</b>	Excellent	Good	Average	Below Average
Academic potential				
Study habits				
Academic curiosity				
Time management				
Academic independence				
Emotional maturity				
Reaction to criticism				
Interaction and cooperation with peers				
Interaction and cooperation with adults				
Honesty				
Attention span				
Leadership				
Sense of humor				
Overall potential				

<b>PERFORMANCE IN MATHEMATICS</b>	Excellent	Good	Average	Below Average
Computational speed				
Computational accuracy				
Mathematical reasoning ability				
Problem-solving ability				
Ability to apply previously learned skills				
Abstraction skills				
Calculator skills				
Class participation				
Overall Performance				

1. What mathematics class would you recommend the student enter next year?





# Middle & Upper English Teacher Recommendation

Applicant's Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_  
*Last First Middle*

**To the Applicant:** Please give this form to your current English teacher. Your teacher will mail this form directly to Cannon School.

**To the Teacher:** The student named above is a candidate for admission to Cannon School. We find candid evaluations helpful in choosing from among highly qualified candidates. We are primarily interested in what you think is important about the applicant's academic and personal qualifications. Please complete this **confidential** recommendation form and return it directly to Cannon School at the address below. You may make a copy for your files. The Cannon School Admission staff is grateful for your assistance. (You may attach a separate piece of paper for additional comments.)

GENERAL EVALUATION	Excellent	Good	Average	Below Average
Academic potential				
Study habits				
Academic curiosity				
Time management				
Academic independence				
Emotional maturity				
Reaction to criticism				
Interaction and cooperation with peers				
Interaction and cooperation with adults				
Honesty				
Attention span				
Leadership				
Sense of humor				
Overall potential				

PERFORMANCE IN ENGLISH	Excellent	Good	Average	Below Average
Reading comprehension				
Reading speed				
Analytical ability				
Vocabulary				
Sentence structure				
Grammar				
Organization				
Overall expository writing				
Overall creative writing				
Class participation				



# Middle & Upper English Teacher Recommendation, Cont.

1. Has this student been a discipline problem at the school? As far as you know, has he/she been assigned detention, been suspended, or had other disciplinary action taken?

2. What recommendations, if any, have you made to the parent(s)? If any were made, did they follow through?

3. Please share any additional thoughts about this student which would help us make the proper admission decision.

This recommendation completed by: \_\_\_\_\_ Title: \_\_\_\_\_

*Please Print*

Course Title: \_\_\_\_\_ Course Text: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

School Name & Address: \_\_\_\_\_

School Telephone Number: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Teacher's Signature*



# Transcript Release Request

**To Parent/Guardian:** Please complete, sign, and return to your child's present school.

**To Current Principal/Head of School:** Please release records (including copies of complete transcript of grades, all standardized test scores and any other pertinent information) concerning this student. Please return completed form to: **Director of Admission, Cannon School, 5801 Poplar Tent Road, Concord, NC 28027**

Our child has applied to Cannon School for Grade \_\_\_\_\_ for the \_\_\_\_\_ – \_\_\_\_\_ school year.

Applicant's Name:

\_\_\_\_\_ *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle*

Home Address:

\_\_\_\_\_ *Street* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip*

Home Phone:

School Name:

School Address:

\_\_\_\_\_ *Street* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip*

Present School Telephone Number:

Present School Fax Number:

I, \_\_\_\_\_ (parent or guardian), do hereby declare that I am legally responsible for the release of information concerning said student, and I do hereby request and authorize \_\_\_\_\_ School to give in writing to Cannon School copies of all records, including immunization records, pertaining to said student, upon receipt of this Release Request.

Signed:

Date:

*Parent or Guardian*



**CANNON  
SCHOOL**

**5801 Poplar Tent Road  
Concord, NC 28027**

**P: 704-721-7199**

**F: 704-788-7779**

**[www.cannonschool.org](http://www.cannonschool.org)**