Parent Statement (Optional)

To be completed by a Parent or Guardian.

Name of candidate _______________________________________________________

We are delighted to consider your daughter for Salem Academy and appreciate your support in the application process. In order for us to get to know your daughter better, we ask you to fill out this form so that we may have a more complete picture of this student. Thank you so much for your cooperation.

Why is your daughter considering Salem Academy? _______________________________________________________

What do you see as your daughter’s greatest strength and weakness? ________________________________________________

Up to this point, has school been a positive experience for your child? How would you assess her progress academically and personally? _______________________________________________________

Parent Statement (Optional)
In what type of learning environment do you think your child responds most favorably?  
____________________________________________________________________________________
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For boarding applicants: After reading our materials and learning about Salem Academy, how do you think your child will adapt to the challenges of living away from home in a dormitory?  
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What do you hope your daughter will experience at Salem Academy?  
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____________________________________________________________________________________
____________________________________________________________________________________

Signature ______________________________________  Date __________________
Name (Print) ____________________________________________________________________________
Address _____________________________________________________ Telephone ______________