

# Olney Friends School

Barnesville, Ohio

Est. 1837

## APPLICATION FOR ADMISSION

61830 Sandy Ridge Road  
Barnesville, OH 43713  
740-425-3655  
Fax: 740-425-3202  
[www.olneyfriends.org](http://www.olneyfriends.org)  
[admissions@olneyfriends.org](mailto:admissions@olneyfriends.org)

## HOW TO APPLY TO OLNEY FRIENDS SCHOOL

### Complete the Application for Admission

Applications are due February 1 for the first round of admissions decisions and financial aid awards, which are made by February 15. With your application please be sure to include the application fee payment. Acceptance and financial aid decisions after that date are made as openings and funds allow.

### Schedule an admissions campus visit by calling 800-303-4291

A visit to campus is very important, and is required except for international students, who are given the option of a phone interview. Campus visits are conducted on most weekdays. Allow a half-day, either morning or afternoon, for the visit. Included will be a tour, a chance to observe classes, a student interview, an in-house math test and writing sample, and parent visits with the Director of Admissions and other staff. Lunch is optional. Families are encouraged to visit early in the school year for enrollment the following fall. You may visit the school before completing the application, but when possible we prefer to have at least Part I of the application in our admissions office before a visit.

### APPLICATION CHECKLIST

#### PART I GENERAL INFORMATION

- Applicant Information
- Family Information
- School Information
- International Student Information

#### PART II STUDENT QUESTIONNAIRE

#### PART III PARENT QUESTIONNAIRE

- Health Information/Release

#### RECOMMENDATIONS (To be returned directly to Olney Friends School)

- Math Teacher Recommendation
- English Teacher Recommendation
- Adult Recommendation

#### TRANSCRIPT RELEASE FORM (To be processed by your current school and returned directly to Olney Friends School)

#### Include Application Fee of \$50.00 for US students, \$200.00 for International students, check payable to Olney Friends School

#### Schedule a campus visit

**Non-discrimination:** Olney Friends School welcomes students of any race, color, religion, gender, sexual orientation, nationality, or ethnic origin in its long-held belief that all people are equals and that diversity is an enriching aspect of the educational experience. – *Board of Trustees approved 9/2005.*

**International Students:** Olney Friends School is authorized under Federal law to enroll nonimmigrant international students.

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## PART I GENERAL INFORMATION

### Applicant Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Family Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State/Province /Zip/ Country \_\_\_\_\_

Date of Birth \_\_\_\_\_ US Citizen:  Yes  Other \_\_\_\_\_ Gender:  M  F

Social Security Number (optional) \_\_\_\_\_ e-mail address \_\_\_\_\_

Home Telephone (include country, city, and area code) \_\_\_\_\_ / \_\_\_\_\_  
Fax Number (include country, city, and area code) \_\_\_\_\_

Month/Year of Proposed Entrance \_\_\_\_\_ Current Grade \_\_\_\_\_ Grade Applying For \_\_\_\_\_

Resident Status (please check one):  Day  Boarding

How did you learn about Olney Friends school? \_\_\_\_\_

Are you a member of the Society of Friends (which Meeting)? \_\_\_\_\_

### Family Information

Applicant resides with?  Father  Mother  Both  Other \_\_\_\_\_

Where should admissions materials be sent?  Father  Mother  Both  Other \_\_\_\_\_

Where should bills be sent?  Father  Mother  Both  Other \_\_\_\_\_

Check if appropriate:  Father deceased  Mother deceased  Parents Divorced  Parents Separated

Who has legal custody of the applicant? \_\_\_\_\_

Are you applying for financial aid?  Yes  No

Declaration of ethnicity (optional) \_\_\_\_\_

**Parent/Guardian**

Name	Occupation	Name of Company
Home Address	City	State/Province /Zip/ Country
Home Telephone		Work Telephone
E-mail Address		Other Telephone/Fax (please specify)

**Parent/Guardian**

Name	Occupation	Name of Company
Home Address	City	State/Province /Zip/ Country
Home Telephone		Work Telephone
E-mail Address		Other Telephone/Fax (please specify)

**Siblings of Applicant**

Name	Age	Gender
Name	Age	Gender
Name	Age	Gender
Name	Age	Gender

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## PART I GENERAL INFORMATION (continued)

### School Information

Applicant's Current School \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ /Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Current Principal \_\_\_\_\_ Telephone \_\_\_\_\_

Current School Counselor \_\_\_\_\_ Telephone \_\_\_\_\_

Please check one:  Independent  Private/Parochial  Public  Homeschool

### Other schools attended in the past three years:

School Name \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

School Name \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

School Name \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

**NOTE:** If the applicant is home schooled, please identify the curriculum used and the name of the school coordinator.

### Signatures

Signature of Applicant (please sign this after it has been photocopied) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian (please sign this after it has been photocopied) \_\_\_\_\_ Date \_\_\_\_\_

Application fee enclosed (\$50.00 for US students, \$200.00 for International students).  
Make check payable to Olney Friends School

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### International Student Information

To be completed by international applicants only

**Olney Friends School closes four times each year: one week in fall, two weeks in winter, one week in spring, and during summer recess (3 months). During this time the dormitories are closed and students are not allowed to reside in them. Olney Friends School is not responsible for providing housing to students during breaks.**

Do you have a sponsor, family member, or someone else residing in the United States that you can stay with over breaks and who will also serve as a contact in case of emergency?  Yes  No

If yes, please provide your contact person's information below:

Mr. / Ms.

Name		Relationship to Applicant
Address	City	State/Zip
Phone Number	e-mail address	

**Olney Friends School currently does not require TOEFL or SLEP test scores for admission, however these scores are considered if they are available.**

Have you taken either the TOEFL or the SLEP within the last year?  Yes  No

If yes, please indicate your score in the appropriate space below and include a copy of the official results with your application.

TOEFL \_\_\_\_\_ SLEP \_\_\_\_\_

**Since many international students can not visit our campus prior to applying, we will arrange to conduct a phone interview with the applicant after a complete application has been received.**

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## **PART II STUDENT QUESTIONNAIRE**

The following questions give you a chance to tell the Admissions Committee about yourself. Please write freely in your own handwriting. Attach extra sheets if you wish.

1. What interests you most about attending Olney Friends School? What do you hope to give and to get by being a student here?

2. If you have visited Olney Friends School please comment on that visit. What did you find appealing? What aspects of being a student here would be difficult for you?

3. In what courses have you had the most satisfying academic experience? Where have you struggled?

4. Describe a favorite teacher (or adult), or a special project that you have completed in the last year or so. What makes that person or experience special to you?

5. Please list three books that you have read in the past year, in order of preference:

1. Title \_\_\_\_\_ Author \_\_\_\_\_

2. Title \_\_\_\_\_ Author \_\_\_\_\_

3. Title \_\_\_\_\_ Author \_\_\_\_\_

Comment on one:

6. What are your extra-curricular interests? Describe your involvement in each activity that you identify.



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## **PART II STUDENT QUESTIONNAIRE (CONTINUED)**

7. What are your views on illegal drug use and alcohol use by teenagers?

8. Please write anything else about yourself that you would like us to know.

**On the back of this page, please write at least two paragraphs in response to one of the following questions.** You may attach additional sheets and you may type or use a word processor in writing your response.

- a. Describe your spiritual or religious experiences or beliefs.
- b. What issue(s) do you think are of critical importance in the world today? Why?
- c. What does it mean to be a citizen of a community?

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## PART III PARENT QUESTIONNAIRE

Applicant's Name \_\_\_\_\_ Entering Grade \_\_\_\_\_

We would appreciate your answers to the following questions, and welcome other comments or observations you wish to share. Please feel free to attach separate sheets of paper if necessary.

1. What are your expectations of an Olney Friends School education?

2. What educational goals do you have for your child?

3. How would you describe your child's strengths and weaknesses, particularly with regard to spiritual and social development?

**Health Information/Release**

1. Is your child currently under medical supervision/treatment? Yes No  
If yes, please give reasons, medications, and names and addresses of doctors and/or counselors providing treatment.

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2. Does your child have any restrictions involving his or her physical activities? Yes No  
If yes, please explain.

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3. Has your child's school attendance ever been interrupted for a month or more?  Yes  No  
If yes, please give approximate dates and an explanation of the circumstances.

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4. Does your child have an I.E.P. (Individualized Education Plan)?  Yes  No  
If yes, please attach a copy of it to this form.

Please give the names and phone numbers of other physicians, counselors, therapists and social workers who have seen your child in the past three years.

Name_____	Title_____	Phone(_____)_____
Name_____	Title_____	Phone(_____)_____
Name_____	Title_____	Phone(_____)_____
Name_____	Title_____	Phone(_____)_____
Name_____	Title_____	Phone(_____)_____

**I confirm that the information I have given above concerning the health of my child is complete and accurate and in no way misleading. I authorize physicians, counselors, therapists and social workers listed above on this form to provide further health and medical history if necessary.**

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Parent/Guardian Signature

Date

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## TRANSCRIPT RELEASE FORM

### To the parent:

Please read the permission form below, sign and date it, and then **give it to the registrar of your child's current school. DO NOT RETURN THIS FORM TO OLNEY FRIENDS SCHOOL.**

Student name \_\_\_\_\_

Social Security number \_\_\_\_\_

Birth date \_\_\_\_\_

I give permission for this student's transcript and other records to be released to Olney Friends School.

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Parent/Guardian Signature

Date

### To the registrar:

Please send all records, including an official copy of the transcript, standardized test scores, health information and IEP if available as well as any other information you think pertinent for the above mentioned student to:

Olney Friends School  
Attn: Admissions  
61830 Sandy Ridge Road  
Barnesville, OH 43713

*Thank you for your prompt response.*

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## MATH TEACHER RECOMMENDATION

Applicant's Name \_\_\_\_\_ Entering Grade \_\_\_\_\_

To the Applicant and Parent:

The Family Educational Rights and Privacy Act of 1974 as amended allows a student who is admitted and enrolls at Olney Friends School the right to review his or her educational records. Under the law a student may waive his or her right of access to confidential letters and statements of recommendation used for admission purposes. **If you waive your right of access to this reference**, please sign the following statement.

All rights of access conferred by the Family Educational Rights and Privacy Act of 1974 (P.L.93-380) as amended, or otherwise, to all information and materials of any kind received by Olney Friends School from any source in connection with this application, are hereby voluntarily waived.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY THE TEACHER:

Olney Friends School, founded in 1837 by Ohio Quakers, provides an intellectually challenging college preparatory program within a supportive Quaker community.

Teacher recommendations are extremely valuable in evaluating candidates for admission. In the space below, we would appreciate your candid reflections on the above-named student's academic performance, intellectual promise and personal character. Please attach extra sheets of paper if you would like to say more than this form will allow.

Your Name (please print) \_\_\_\_\_

Title \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Name of School \_\_\_\_\_

Address of School \_\_\_\_\_  
street city state/province zip

How long have you known the applicant and in what capacities?

Please describe briefly the course in which you taught the applicant and list the texts you used.

1. Please describe the applicant's maturity as a student in your class, with regard to study habits, response to criticism, intellectual curiosity, initiative and perseverance.

2. Do you have any reason to suspect a learning difference? If yes, please explain why.

3. How would you describe the applicant's strengths and weaknesses as a student of math, particularly with regard to computational ability, initiative, and comfort solving routine and non-routine problems? How would you characterize the applicant's growth during your time working together?

4. What is your policy about calculators for those courses in which you have taught the applicant?

5. How would you rate the applicant compared to other math students with whom you've worked?

Outstanding    Excellent    Very Good    Good    Fair    Poor

6. How would you rate the applicant as a citizen of your school?

Outstanding    Excellent    Very Good    Good    Fair    Poor

7. Please list five adjectives you would use to describe this student.

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Signature

Date

Please place this form in an envelope, seal it, sign your name over the seal, and return the sealed envelope to:

Olney Friends School  
Attn: Admissions  
61830 Sandy Ridge Road  
Barnesville, OH 43713

If you have further comments about the candidate that you would prefer to communicate by telephone, please contact the admissions office at 800-303-4291.

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## ENGLISH TEACHER RECOMMENDATION

Applicant's Name \_\_\_\_\_ Entering Grade \_\_\_\_\_

To the Applicant and Parent:

The Family Educational Rights and Privacy Act of 1974 as amended allows a student who is admitted and enrolls at Olney Friends School the right to review his or her educational records. Under the law a student may waive his or her right of access to confidential letters and statements of recommendation used for admission purposes. **If you waive your right of access to this reference**, please sign the following statement.

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY THE TEACHER:

Olney Friends School, founded in 1837 by Ohio Quakers, provides an intellectually challenging college preparatory program within a supportive Quaker community.

Teacher recommendations are extremely valuable in evaluating candidates for admission. In the space below, we would appreciate your candid reflections on the above-named student's academic performance, intellectual promise and personal character. Please attach extra sheets of paper if you would like to say more than this form will allow.

Your Name (please print) \_\_\_\_\_

Title \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Name of School \_\_\_\_\_

Address of School \_\_\_\_\_  
street city state/province zip

How long have you known the applicant, and in what capacities?

Please describe briefly the course in which you taught the applicant and list the texts you used.

1. Please describe the applicant's maturity as a student in your class, with regard to study habits, response to criticism, intellectual curiosity, initiative and perseverance.

2. Do you have any reason to suspect a learning difference? If yes, please explain why.

3. How would you describe the applicant's strengths and weaknesses as a student of literature and as a writer? How would you characterize the applicant's growth during your time working together?

4. How would you describe the applicant's evolving character in terms of respect for others, leadership, sense of integrity and sense of humor?

5. How would you rate the applicant compared to other students of English with whom you've worked?

Outstanding     Excellent     Very Good     Good     Fair     Poor

6. How would you rate the applicant as a citizen of your school?

Outstanding     Excellent     Very Good     Good     Fair     Poor

7. Please list five adjectives you would use to describe this student.

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Signature

Date

Please place this form in an envelope, seal it, sign your name over the seal, and return the sealed envelope to:

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If you have further comments about the candidate that you would prefer to communicate by telephone, please contact the admissions office at 800-303-4291.



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## ADULT RECOMMENDATION

Applicant's Name \_\_\_\_\_ Entering Grade \_\_\_\_\_

To the Applicant and Parent:

The Family Educational Rights and Privacy Act of 1974 as amended allows a student who is admitted and enrolls at Olney Friends School the right to review his or her educational records. Under the law a student may waive his or her right of access to confidential letters and statements of recommendation used for admission purposes. **If you waive your right of access to this reference**, please sign the following statement.

All rights of access conferred by the Family Educational Rights and Privacy Act of 1974 (P.L.93-380) as amended, or otherwise, to all information and materials of any kind received by Olney Friends School from any source in connection with this application, are hereby voluntarily waived.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY THE RECOMMENDER:

Your Name (please print) \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
street city state/province zip

How long have you known the applicant, and in what capacities?

Please list five adjectives you would use to describe this student.

Olney Friends School, founded in 1837 by Ohio Quakers, provides an intellectually challenging college preparatory program within a supportive Quaker community.

Recommendations from mentors are extremely valuable in evaluating candidates for admission. On the other side of this page, we would appreciate your candid reflections on the above-named student's gifts, promise, and personal character. Please attach extra sheets of paper if you would like to say more than this form will allow.

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Signature

Date

Please place this form in an envelope, seal it, sign your name over the seal, and return the sealed envelope to:

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61830 Sandy Ridge Road  
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If you have further comments about the candidate that you would prefer to communicate by telephone, please contact the admissions office at 800-303-4291.