

THE HAGUE SCHOOL

Student Application

Please complete and return by email or mail to the appropriate address below.

STUDENT INFORMATION:								
I egal Name	Proformad Nama							
Last Last	First		Middle	Preferred Name				
Date of Birth	Gender		Student Er	mail				
Name of Current School				Years attended				
FAMILY INFORMATION:								
Name			R	Relationship to Applicant				
Phone Number		Email_						
Street Address								
Occupation	Employer_			Work Number				
Name			R	Relationship to Applicant				
Phone Number		Email_						
Street Address (if different from above)								
Occupation	Employer_			Work Number				
Sibling Information:								
Name			Gender	Age				
Name			Gender	Age				
Name			Gender	Age				

Name

Age_

Gender

CANDIDATE QUESTIONNAIRE: Think about some of the class activities or projects you've enjoyed most in middle school. Describe one and what made it memorable.
Think about some of the extracurricular activities you've enjoyed most. Which would you like to continue to participate in throughout high school?
If you could take a 9-week course on anything, what would it be and why?
At The Hague School, there are no rows of desks and no boring lectures. We use conference-style discussion in the core classes offered each day. Describe why this approach to learning would be a good fit for you.

SELF ASSESSMENT:

Select the number on each scale that best describes you in learning and social settings.

Are you more...

Introverted Extroverted		Cautious			Adventurous				
Ĩ	2	3	4	5	1	2	3	4	5
Observant	t			Directive	Flexible				Focused
1.	2	3	4	5	1.	2	3	4	5
Plan-Orie	Plan-Oriented Spontaneous		Practical			Imaginative			
1	2	3	4	5	1	2	3	4	5
Meticulou	ıs			Carefree	Independe		Team-Oriented		
ĩ	2	3	4	5	1	2	3	4	5

List three words to best describe you that do not appear on the list above:

What else would you like us to know about you? Feel free to send any additional documents you wish to have considered in support of your application.