



Application Process

Thank you for your interest in the Fisher Island Day School. This packet contains the documents needed to submit an application for every grade level. Please complete those that apply to your child. If at any time during the application process you have questions, please contact us at (305) 531-2350 for assistance.

Your child's application will be considered complete when all of the following has been received:

- Completed Student Application Form
- Teacher Reference Form (if previously enrolled in a school program)
- School Records (if previously enrolled in a school program)
- Test Results (1st grade & above)
- Birth Certificate/Passport/Visa (if non-U.S. citizen)
- Application Fee (\$100) - Non-refundable

After the school has received all of the above items, you will be contacted to schedule:

Interview: Applicants to all grade levels are required to interview at the school. The youngest students will take part in a play-based observation session during which the parents are welcome to remain in the room.

Testing: Entrance testing is administered to applicants for Pre-K and up to assist in determining if the Fisher Island Day School is the right place for your child. The test is administered onsite by our own teachers and takes about 20 minutes.

Admissions Information:

Admissions: After completion of all of the above, you will be notified in writing as to your child's admission status. Space is limited and qualified students may be offered a place on the wait-list.

Enrollment: Upon acceptance, you will be sent an enrollment contract which must be completed and returned to the Admissions Office with all applicable fees before your child is officially enrolled.

Late Applications: We strongly recommend that all applications be submitted in advance of the application deadline. Applications received after the deadline will be reviewed on a rolling basis and acceptance will only be offered to a qualified applicant if space becomes available.

Two Fisher Island Drive | Fisher Island, FL 33109 | P: 305-531-2350 | F: 305-531-2349 | www.fids.org

Applicant Information

Applicant's Full Name _____

Date of Birth (mm/dd/yyyy) _____

- | | |
|---|---|
| <input type="checkbox"/> Toddler - age 2 by September 1st | <input type="checkbox"/> Second Grade- age 7 by September 1st |
| <input type="checkbox"/> Pre-Kindergarten - age 3 by September 1st | <input type="checkbox"/> Third Grade- age 8 by September 1st |
| <input type="checkbox"/> Junior-Kindergarten - age 4 by September 1st | <input type="checkbox"/> Fourth Grade- age 9 by September 1st |
| <input type="checkbox"/> Senior-Kindergarten- age 5 by September 1st | <input type="checkbox"/> Fifth Grade- age 10 by September 1st |
| <input type="checkbox"/> First Grade- age 6 by September 1st | |

Is the applicant the child or grandchild of a Fisher Island Club Equity Member?

Yes No Name of the Equity Member(s) _____

Relationship to applicant _____

Will your family be residing on Fisher Island? Yes No

Will your family be applying for financial aid? Yes No

Is the applicant a United States Citizen? Yes No **If no, please complete final section on the last page of this application**

Parent Information

Name of Father _____

Name of Mother _____

Principal Mailing Address _____

Home Telephone _____ Cell _____

Occupation or Business Title – Father:

Name of Employer _____

Address _____

Telephone _____

Preferred Email _____

Occupation or Business Title – Mother:

Name of Employer _____

Address _____

Telephone _____

Preferred Email _____

If divorced or separated, who has legal custody of the child? _____

Who is financially responsible for the child? _____

Application for Admission

Additional Student Information

Is the applicant currently enrolled in a school? If so, please give the name of the school and the address:

School's Name _____

School's Address _____

Current Grade _____

School's Telephone _____ School's Fax _____

How did you learn about the Fisher Island Day School? _____

Does the child have any siblings or relatives who are currently enrolled? If yes, please list their names _____

Does the child have any special medical, physical, emotional, or learning needs? If yes, please explain _____

How would you describe your child's learning style? _____

Major strengths and weaknesses? _____

Please briefly state why you would like your child to attend the Fisher Island Day School _____



Parent Statement

Please use this space to write any additional comments about your child that you feel would be helpful to us in evaluating his/her application for admission.

Lined writing area consisting of 25 horizontal lines.

Parent/Guardian: _____ Date: _____
Signature: _____

Application for Admission



COMPLETE THIS SECTION ONLY IF THE APPLICANT IS NOT A U.S. CITIZEN

What is the applicant's country of citizenship? _____

What is the applicant's country of birth? _____

Is the applicant a U.S. permanent resident? Yes No

Alien Registration Number _____ Port of Entry _____

If not a permanent resident, what type of visa has been issued to the applicant?

(Attach a copy of the visa to this application.)

Visa Type: F1 F2 J1 J2 Other: _____

I-94 Expiration Date: _____

Which institution issued your last I-20? _____

Is the applicant in compliance with INS rules and regulations? Yes No

Signature: _____ Date: _____

Recommendation Form

FISHER ISLAND DAY SCHOOL

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Applicants to PRE-KINDERGARTEN through SENIOR KINDERGARTEN

Confidential recommendation form to be given to the student's present school

Student Information

Name of candidate _____ Date of birth _____ Application for _____

Days per week enrolled ____ Hours per day ____ Size of group ____ Age range ____ How long have you known the candidate? _____

The student whose name appears above is a candidate for admission to Fisher Island Day School, an independent, coeducational day school. Your candid evaluation of the applicant's intellectual and personal qualities will be helpful to our Admissions Committee. Your remarks will be kept strictly confidential. Please complete both sides of this form and return it directly to the Admissions Office.

Social/Emotional Development

	Exhibits Strength	Age Appropriate	Needs Development	Comments
Can be a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is supportive of peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plays alone happily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cooperates in play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shares well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Initiates play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has the capacity to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has the capacity to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Uses materials purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exhibits appropriate humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Cognitive Development

	Exhibits Strength	Age Appropriate	Needs Development	Comments
Is attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contributes to group discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Follows discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Demonstrates ability to focus on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respects classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Expresses ideas well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Moves easily from one activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Responds positively to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is willing to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is a self starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enjoys new challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exhibits problem-solving abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Physical Development	Exhibits Strength	Age Appropriate	Needs Development	Comments
Small muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Large muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speech development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Student Information

Please identify and describe any special needs, including auditory and visual development: _____

- Please comment on each of the following regarding this child:
1. Favorite activities _____
 2. Self image _____
 3. Child's relationship with parents _____
 4. In your view, what are the child's particular strengths? _____
 5. Are there any significant weaknesses or problems of which we should be aware? _____
 6. Are parents cooperative and involved in the School? _____

- Exceptionally cooperative
 Generally cooperative
 Rarely cooperative
 Rather disinterested

Teacher Information

Teacher's name (please print) _____ Date _____

Teacher's signature _____

School name/address _____

School telephone _____

May we contact you for further information? No Yes

Return Form to Fisher Island Day School

Please return to: Admissions Telephone: 305-531-2350
Fisher Island Day School Fax: 305-531-2349
Two Fisher Island Drive www.fids.org
Fisher Island, FL 33109 admissions@fids.org

Recommendation Form

FISHER ISLAND DAY SCHOOL

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APPLICANTS TO GRADES 1 - 5

Confidential recommendation form to be given to the student's present school

Student Information

Name of candidate _____ Current Grade _____ How long have you known the candidate? _____

The student whose name appears above is a candidate for admission to Fisher Island Day School, an independent, coeducational day school. Your candid evaluation of the applicant's intellectual and personal qualities will be helpful to our Admissions Committee. Please complete both sides of this form and return it directly to the Admissions Office.

Student Skills

	Exceeds Age Expectations	Age Appropriate	Needs Development	Not Applicable
Attention skills, concentration, focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently and productively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well and cooperatively in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitions easily from one activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits, organization, task completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to take risks, try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READING				
Decoding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITING				
Mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPEAKING				
Fluency, clarity of expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATH				
Number sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spatial sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Is there ability grouping? No Yes

Please indicate candidate's level:

Reading	Math
<input type="checkbox"/> High	<input type="checkbox"/> High
<input type="checkbox"/> Middle	<input type="checkbox"/> Middle
<input type="checkbox"/> Low	<input type="checkbox"/> Low

Student Information

Please comment on each of the following regarding this child:

Describe the student's strengths and weaknesses in Reading/Language Arts and Math _____

Learning style (auditory processing, visual processing, memory, application of learned skills, focus, working pace)

Social skills (cooperation/interaction with peers and adults) _____

Emotional maturity (self-confidence, respect for limits and routine, ability to make transitions, response to frustration)

Do you have any additional information that may be helpful in our evaluation of this student?

Are parents cooperative and involved in the school? _____

- Exceptionally cooperative Generally cooperative Rarely cooperative Rather disinterested

Teacher Information

Teacher's name (please print) _____ Date _____

Teacher's signature _____

School name/address _____

School telephone _____

May we contact you for further information? No Yes

Return Form to Fisher Island Day School

Please return to:
Admissions
Fisher Island Day School
Two Fisher Island Drive
Fisher Island, FL 33109

Telephone: 305-531-2350
Fax: 305-531-2349
www.fids.org
admissions@fids.org

Request for Release of Records FISHER ISLAND DAY SCHOOL

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Parents

Please give this completed form to the school(s) the applicant has attended. With appropriate authorization, the applicant's school records will be forwarded directly to Fisher Island Day School.

School Administrator

Please forward an official school transcript, including standardized test scores, for

First	Middle	Last
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who has applied for admission to Fisher Island Day School. After completion, please send the information to:

Admissions
Fisher Island Day School
Two Fisher Island Drive
Fisher Island, FL 33109

Signature

Authorizing Signature of Parent or Guardian: _____ Date _____

Thank you for your assistance.