



Phillips Academy
ANDOVER

Andover, Massachusetts 01810-4161
978-749-4050
www.andover.edu

CANDIDATE'S NAME _____

Last

First

Middle

CANDIDATE'S ADDRESS _____

Street

City

State

Zip Code

Country

3

PARENT STATEMENT

To be completed by a parent or guardian.

At Phillips Academy we consider ourselves partners with the families of our students in the education and entire boarding school experience of their sons and daughters. Our selection process is designed to determine which students will be best served by the Academy and which can make the greatest contribution to the Andover community. The following questions are designed both to gain your wisdom and to enlist your partnership in this endeavor from the beginning. Please answer these questions knowing that our aims are the same: to ensure that your son or daughter has the best possible secondary school experience.

1. Students must be on campus during the week and for designated Saturday classes, but it is also expected that they will remain on campus during most weekends in order to take advantage of the weekend programs and to contribute to the school's sense of community. Do you know of any reason why your son or daughter would be unable to take advantage of this type of program?

2. Has your son or daughter either skipped or repeated a year of school? If so, which, when, and why?

Questions 3 and 4 are optional. Please continue on reverse side if necessary.

3. Andover is a challenging environment, intellectually and physically. What in your son's or daughter's academic and personal life leads you to consider him or her likely to respond well to the challenges Andover presents? What, if anything, gives you pause as to your son's or daughter's academic and personal readiness for Andover? Please be specific.

4. What do you hope an Andover experience will mean to your son or daughter? What do you feel your son or daughter will contribute to the Phillips Academy community?

Signature of Parent/Guardian

