

Name of Applicant _____

Application for Grade _____ Academic Year Applying for _____

Please describe your child as you see him or her. Specifically discuss talents and interests, strengths and weaknesses. Include the subjects or activities that give a sense of self-confidence to your child as well as the activities that cause stress or anxiety.

What are your expectations for your child at BCD?

Have there been any circumstances that have affected your child's school report which would help BCD better understand his/her report?

Please include any academic, family, and/or psychological background that would be helpful in planning for his/her needs.

Berkshire Country Day School

Your signature(s) verifies that you are the legal guardian(s) for the applicant and are responsible for decisions involving his/her education.

Signature of Parent or Guardian _____

Date _____

Signature of Parent or Guardian _____

Date _____

Return to:

Director of Admission
Berkshire Country Day School
PO Box 867
Lenox, Massachusetts 01240

Berkshire Country Day School admits students of any religion, race, color, sexual orientation, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of religion, gender, race, color, sexual orientation, or national or ethnic origin in the administration of its educational policies, scholarship, athletic and other school-administered programs.