



LOOMISCHAFFEE | PRE-APPLICATION INTERVIEW FORM

Office of Admission • 4 Batchelder Road • Windsor CT 06095
Telephone 860 687 6400 • Facsimile 860 298 8756 • email: admission@loomis.org

Please return this form to the Office of Admission at least one week prior to your interview.

Thank you for your interest. This information will enable you and your interviewer to have a more informed and focused discussion when you visit the campus. Please print in black ink.

APPLICANT

Last name _____ First _____ Middle _____

Preferred name _____ Gender: F M Date of birth _____
mm/dd/yy

Applicant mailing address _____

City _____ State _____ Zip code _____ Country _____

Telephone _____ Student email _____

Current grade _____ Candidate for grade: 9 10 11 12 PG Boarding student Day student

Current School _____ Public Private Other _____

Financial aid candidate? Yes No

Have you applied to Loomis Chaffee before? Yes No

Has a sibling applied to Loomis Chaffee before? Yes No

If yes, sibling's name _____

Name(s) of parents _____ Mobile phone _____

Family affiliation with Loomis Chaffee _____

Academic interests: List the classes you are taking this year in order of preference.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Special interests: List by preference.

(Athletics, Music, Theater, Visual Arts)	Level	Years of participation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Community service and organization involvement _____

Leadership positions _____

Please attach additional sheet if necessary.

***All forms may be printed from our website www.loomis.org**