

APPLICATION FOR ADMISSION

Garden School

c/o Admissions Office 33-16 79th Street Jackson Heights, NY 11372

(718) 335-6363 admissions@gardenschool.org www.gardenschool.org

PRINCIPAL, HEAD OR COUNSELOR RECOMMENDATION

THERE IS NO NEED FOR THE STUDENT AND PARENT TO SIGN THIS FORM IF YOU ARE EMAILING THE RECOMMENDATION							
Student: Please type or print your name in the space below and Head or Counselor with a stamped addressed envelope.	d then give this form to your current Principal,						
Name of Student	Applicant for grade						
SIGNATURE OF STUDENT	DATE						
Parent/Guardian: I acknowledge that I waive my right to reason school report for the student listed above. (<i>Please have grade scores</i> , and teacher reports/comments forwarded to Garden S	reports, attendance records, standardized test						
Name of Parent/Guardian							
SIGNATURE OF PARENT/GUARDIAN	DATE						
Principal, Head or Counselor: This recommendation will restudent's permanent record. When you have completed it, please (stamped) envelope provided by the student. Be sure the parent/ <i>Thank you for your cooperation and candor</i> .	e photocopy it and send it to Garden School in the guardian has signed the form in the space above.						
Your NameTitle							
School_							
School Address							
How long have you known the student?							
What are the first three words that come to mind to describe this	student?						
Number of students in applicant's entire grade							
Estimated rank (by decile) if exact rank not available							
Has the student been dismissed, suspended, placed on probation or received other serious disciplinary sanction?	Yes O No						
Has he or she withdrawn from school voluntarily for an extended	l period of time? \bigcirc Yes \bigcirc No						

If the answer to either or both of these questions is yes, please provide a full explanation on a separate piece of paper.

ACADEMIC AND PERSONAL QUALITIES

How would you rank the student in the following areas compared with students of the same age? *Please evaluate the candidate by placing a check in the appropriate column.*

	TRULY OUTSTANDING (TOP 5%)	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	COMMENTS		
CHARACTER								
INTELLECTUAL CURIOSITY								
POTENTIAL FOR GROWTH								
SUMMARY EVALUATION								
What are the student' As a student: As a person:	s strengths?							
In which areas does the As a student: As a person:	nis student n	eed improve	ement?					
Does the student attend class regularly? \Box Yes \Box No Is there a problem with tardiness? \Box Yes \Box No If tardiness is a problem, please explain.								
How well does the student accept advice or criticism?								
If we have additional questions, may we contact you? If yes, phone number E-mail address								
PRINCIPAL, HEAD OR COL	INSELOR SIGNATUR	E				DATE		
Again, thank you for	r your time o	and the help	ful informat	tion you hau	ve provided.			
Please enclose	e copies of:							
	eports upon emester of th			· □ Att				
(for post-	eports for the graduate app cords from g	olicants, plea	ase	□ Sta	ndardized te	est scores		

Please return this form to: Garden School, c/o Admissions Office