



# APPLICATION FOR ADMISSION

## Garden School

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

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

## ENGLISH TEACHER 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 then give this form to your current Principal, Head or Counselor with a stamped addressed envelope.

Name of Student \_\_\_\_\_ Applicant for grade \_\_\_\_\_

SIGNATURE OF STUDENT

DATE

**Parent/Guardian:** I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above. *(Please have grade reports, attendance records, standardized test scores, and teacher reports/comments forwarded to Garden School.)*

Name of Parent/Guardian \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN

DATE

**Teacher:** This recommendation will remain confidential and will not become part of the student's permanent record. When you have completed it, please photocopy it and send it to Garden School in the (stamped) envelope provided by the student. Be sure the parent/guardian has signed the form in the space above. *Thank you for your cooperation and candor.*

Name of Teacher \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

What are the first three words that come to mind to describe this student?

\_\_\_\_\_

### COURSE DESCRIPTION

Title \_\_\_\_\_ How often does the class meet? \_\_\_\_\_

Is this course sectioned according to ability? ☐ Yes ☐ No

If yes, please briefly explain how this course is sectioned and the student's placement \_\_\_\_\_

What text(s) is (are) used? \_\_\_\_\_

Please estimate the percentage of time spent in the following areas:

Reading/literature \_\_\_\_\_% Vocabulary development/spelling \_\_\_\_\_% Grammar \_\_\_\_\_% Writing skills \_\_\_\_\_%

## 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's strengths?

As a student: \_\_\_\_\_

As a person: \_\_\_\_\_

In which areas does this student need improvement?

As a student: \_\_\_\_\_

As a person: \_\_\_\_\_

Does the student attend class regularly? ☐ Yes ☐ No Is there a problem with tardiness? ☐ Yes ☐ No

*If tardiness is a problem, please explain.* \_\_\_\_\_

How well does the student accept advice or criticism? \_\_\_\_\_

Please provide any additional information that will give us a more complete picture of the student.

If we have additional questions, may we contact you? ☐ Yes ☐ No

If yes, phone number \_\_\_\_\_ E-mail address \_\_\_\_\_

(INCLUDE AREA CODE)

PRINCIPAL, HEAD OR COUNSELOR SIGNATURE

DATE

*Again, thank you for your time and the helpful information you have provided.*

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

Garden School adheres to a longstanding policy of admitting students of any race, color, creed, religion, 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 gender, race, color, creed, religion, national and ethnic origin in administration of its educational policies, admissions policies and other school-administered programs.