

**DENVER AREA
INDEPENDENT SCHOOLS
FORM FOR APPLICANTS
GRADES 6-12**

**CONFIDENTIAL RECOMMENDATION
Current Principal, Counselor
or Advisor**

<input type="checkbox"/> Colorado Academy	3800 S. Pierce St.	Denver, CO 80235	303.914.2513	Fax: 303.914.2589
<input type="checkbox"/> Denver Jewish Day School	2450 S. Wabash St.	Denver, CO 80231	303.369.0663	Fax: 303.369.0664
<input type="checkbox"/> Foothills Academy	4725 Miller St.	Wheat Ridge, CO 80033	303.431.0920	Fax: 303.431.9505
<input type="checkbox"/> Graland Country Day School	30 Birch St.	Denver, CO 80220	303.399.8361	Fax: 303.388.2803
<input type="checkbox"/> Kent Denver School	4000 E. Quincy Ave.	Englewood, CO 80113	303.770.7660	Fax: 303.770.1398
<input type="checkbox"/> St. Anne's Episcopal School	2701 S. York St.	Denver, CO 80210	303.756.9481	Fax: 303.756.5512
<input type="checkbox"/> St. Mary's Academy	4545 S. University Blvd.	Englewood, CO 80110	303.762.8300	Fax: 303.783.6201
<input type="checkbox"/> Stanley British Primary School	350 Quebec St.	Denver, CO 80230	303.360.0803	Fax: 303.360.0353

Please check the schools to which you are applying

To the Applicant: Please type or print your name and give this form to your current school's office with a stamped envelope for each of the schools above to which you are applying.

Applicant Name _____ Applying to Grade _____

Name of Current School _____

To the Parent: *Please read and sign the statement below.*

For the student named above, I authorize the release of school records, including an official transcript of all grades for the past two years as well as the results of academic testing. I acknowledge that I waive my right to read the confidential teacher recommendations and the school report.

Signature of Applicant's Parent or Guardian _____ Date _____

To the Teacher: All of the above schools share a commitment to a rigorous curriculum in a supportive atmosphere. These schools seek a student body representative of the diverse population of the Greater Denver area. All the schools offer tuition assistance programs based on need. With this background in mind, please complete the form below which will be accepted by any of the schools above. **This information will only be reviewed by each school's admission committee. It will not be shared with the student's parents, and will not become part of the student's permanent record.** Thank you for your cooperation and candor.

Academic Qualities	NO OPPORTUNITY TO OBSERVE	POOR	FAIR	AVERAGE	GOOD	EXCELLENT	EXCEPTIONAL
Study habits							
Attention span							
Ability to work Independently							
Ability to organize and communicate ideas							
Motivation							
Intellectual curiosity							
Critical and abstract thinking skills							
Classroom participation							
Personal Qualities	NO OPPORTUNITY TO OBSERVE	POOR	FAIR	AVERAGE	GOOD	EXCELLENT	EXCEPTIONAL
Relationship with peers							
Relationship with adults							
Creativity							
Self-confidence							
Leadership potential							
Reaction to setbacks							
Concern for others							
Conduct							
Integrity							
Ability to act independently							
Ability to work cooperatively							
General level of maturity							
Sense of humor							

CURRENT PRINCIPAL, COUNSELOR OR ADVISOR RECOMMENDATION FORM

1. For how long and in what context have you known this student?

2. Please comment on this applicant's special interests, talents, and abilities.

3. Should the admission committee be made aware of any factors that have had an impact on this student's academic or social progress to date? (i.e., attendance, disciplinary record, health issues, etc.)

4. Comment on the student as a person. (Consider maturity, integrity, behavior, relationship with peers, self-confidence, etc.)

5. What has your experience been in working with this student's family?

6. How well does the parent(s) perception match the school's understanding of the child's ability?
 very well fairly well not very well

7. Where does this student rank among other students in his/her class?
 top 10% top 25% top 50% bottom 50%

8. Is there any additional information that can be better conveyed in a phone conversation?
 Yes No If necessary, hours and phone number where you can be reached: _____

Name	Position
School	School phone
School Address	
Signature	Date

Please feel free to photocopy your completed recommendation, and then fill out the School Specific Information below for each school to which you are sending a form.

School Specific Information

I recommend this student for admission to:

- Colorado Academy Foothills Academy Graland Country Day School Kent Denver School
 St. Anne's Episcopal School St. Mary's Academy Stanley British Primary School
 Denver Jewish Day School

I am familiar with this school's program: Not at all Somewhat Fairly Very familiar

I RECOMMEND THIS STUDENT	NOT AT ALL	WITH RESERVATION	MILDLY	WITH CONFIDENCE	ENTHUSIASTICALLY
Academic ability and promise					
Character and personal promise					
Overall					

Please make any additional comments on this student's appropriateness for the school named above. Please feel free to attach an additional sheet if necessary.