



KENT SCHOOL

APPLICATION FOR ADMISSION

(DUE JANUARY 15, 2010)

Kent Admissions Office
P.O. Box 2006
Kent, Connecticut 06757

Telephone: 860.927.6111
Admissions: 800.538.KENT (5368)
Fax: 860.927.6109

E-mail: admissions@kent-school.edu
www.kent-school.edu

MATHEMATICS TEACHER RECOMMENDATION

Student: Please type or print your name in the space below and then give this form to your current Math teacher with a stamped addressed envelope.

Name of Student _____ Applicant for grade _____
(PLEASE TYPE OR PRINT)

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 Kent 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 Kent 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? _____

By June we will have completed _____ of _____ chapters.

Were the lessons supplemented by any of the following?

Computer exercises Math competition outside of school Other _____

What would be the next course recommended for this student? _____

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 _____ (INCLUDE AREA CODE) E-mail address _____

TEACHER SIGNATURE

DATE

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

Please return this form to: **Kent Admissions Office, P.O. Box 2006, Kent, CT 06757**

(FOR SHIPMENTS REQUIRING A STREET ADDRESS, PLEASE USE: ONE MACEDONIA ROAD, KENT, CT 06757)

Kent 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.