



APPLICATION FOR ADMISSION

DUE JANUARY 15, 2012

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

PRINCIPAL, HEAD OR COUNSELOR 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 Kent School.)*

Name of Parent/Guardian _____

SIGNATURE OF PARENT/GUARDIAN

DATE

Principal, Head or Counselor: 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.*

Your Name _____ 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?

Number of students in applicant's entire grade _____ Exact rank in class (from top) _____

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 No

Has he or she withdrawn from school voluntarily for an extended period of time? Yes 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'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 enclose copies of:

- Grades/reports upon completion of the first term or semester of the current academic year
- Grades/reports for the previous two years (for post-graduate applicants, please include records from grades 9–12)
- Recent teacher reports or comments, if any
- Attendance record
- Standardized test scores

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.