



APPLICATION

School Recommendation



STUDENT NAME (first) _____ (middle) _____ (last) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CURRENT GRADE _____ CANDIDATE FOR GRADE _____ IN 20 _____ (year)

The above-named student has applied for admission to The Ethel Walker School, a college-preparatory school for girls.

INSTRUCTIONS: Please comment on this student in the following areas and return this recommendation to The Ethel Walker School Admission Office. Be assured that the confidential information you provide will only be used to evaluate the candidate for admission. This form will not become a part of the student's permanent record should she enroll.

If there is other information that you feel would be conveyed more effectively in a personal conversation, please do not hesitate to contact the Admission Office by telephone Monday–Friday between 8:00 a.m. and 4:00 p.m. Eastern Time. Thank you for your cooperation and assistance.

1. How long and in what capacity have you known this student? _____

2a. ACADEMIC QUALITIES:

Please evaluate this applicant in the following areas in relation to other students of the same age by placing a check under the rating that best expresses your sense of her:

| | Excellent | Good | Average | Below Average | N/A |
|------------------------|-----------|------|---------|---------------|-----|
| Motivation | | | | | |
| Intellectual Curiosity | | | | | |
| Work Habits | | | | | |
| Oral & Written Skills | | | | | |

2b. In your estimation, is the student's record of standardized testing an accurate reflection of her potential for academic success?

Yes No Please explain: _____

On which tests are you basing this assessment? _____

2c. What three words would you use to describe this candidate?

The Ethel Walker School admits students of any race, color, 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 race, color, national and ethnic origin, disabilities, or sexual orientation in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other School-administered programs.

- Established 1911 -

3. **PERSONAL QUALITIES:**

Please evaluate this applicant in the following areas in relation to other students of the same age by placing a check under the rating that best expresses your sense of her:

| | Excellent | Good | Average | Below Average | N/A |
|----------------------|-----------|------|---------|---------------|-----|
| Concern for Others | | | | | |
| Leadership Potential | | | | | |
| Responsibility | | | | | |
| Personal Integrity | | | | | |
| Emotional Maturity | | | | | |
| Relation to Peers | | | | | |
| Relation to Adults | | | | | |

4. In what areas has the student shown unusual ability or aptitude? _____

5. Do you have any concerns about the student's academic progress? _____

6. Has this student ever been subject to disciplinary action by the school? If so, please explain. _____

7. **ADDITIONAL COMMENTS:** _____

8. **OVERALL RECOMMENDATION:**

How do you recommend this student?

| | Without Reservation | Strongly | With Reservation | Do Not Recommend |
|--------------|---------------------|----------|------------------|------------------|
| As a Student | | | | |
| As a Person | | | | |

9. Size of the student body at your school: _____ Average number of students per class: _____

This form should be accompanied by an official school transcript for at least two years (including the current academic year).

| | | | |
|--|--|---------|-----------|
| NAME (PLEASE PRINT) | | TITLE | |
| SCHOOL | | | |
| ADDRESS | | CITY | STATE ZIP |
| For international schools: PROVINCE | | COUNTRY | |
| E-MAIL | | | |
| PHONE | | FAX | |
| SCHOOL OFFICIAL'S SIGNATURE | | DATE | |
| <input type="checkbox"/> Please contact me for additional information. | | | |