

**DENVER AREA INDEPENDENT SCHOOLS** *Please check the schools to which you are applying.* **APPLICANTS K-5**

<input type="checkbox"/> <b>Colorado Academy</b>	3800 South Pierce St.	Denver, CO 80235	(303) 986-1501	Fax: (303) 914-2589
<input type="checkbox"/> <b>Denver Jewish Day School</b>	2450 S. Wabash St.	Denver, CO 80231	(303) 369-0663	Fax: (303) 369-0664
<input type="checkbox"/> <b>Graland Country Day School</b>	30 Birch St.	Denver, CO 80220	(303) 399-8361	Fax: (303) 336-3762
<input type="checkbox"/> <b>Montessori School of Denver</b>	1460 S. Holly St.	Denver, CO 80222	(303) 756-9441	Fax: (303) 757-6145
<input type="checkbox"/> <b>Stanley British Primary School</b>	350 Quebec St.	Denver, CO 80230	(303) 360-0803	Fax: (303) 360-0353
<input type="checkbox"/> <b>St. Anne's Episcopal School</b>	2701 S. York St.	Denver, CO 80210	(303) 756-9481	Fax: (303) 756-5512
<input type="checkbox"/> <b>St. Mary's Academy</b>	4545 S. University Blvd.	Englewood, CO 80113	(303) 762-8300	Fax: (303) 783-6201

## Confidential Recommendation - Current Classroom Teacher

**To the Parent/Guardian:** Please type or print your student's 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/Guardian:** *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. I further hereby release the above school(s) from all liability pertaining to the disclosure of this information.

Signature of Applicant's Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**To the Teacher:** All of the schools listed above 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 and each offers a tuition assistance program. With this background in mind, please complete this form or write a letter using this form as a guide. **This information will only be reviewed by each school's admission committee and will not become part of the student's permanent record.** Please note that each school listed above will accept this form. Thank you for your cooperation and candor.

<b>Social/Emotional Development</b>	NOT APPLICABLE	AREA OF CONCERN	PROGRESSING	AGE APPROPRIATE	AREA OF STRENGTH
Separates easily from parents/guardian					
Transitions easily					
Can follow multi-step directions					
Cooperative in work/play					
Demonstrates self-control					
Seeks help when needed					
Self-confidence					
Relates well with adults					
Relates well to peers					
Respects rules and boundaries					
Responds well to help and/or correction					
Participates in class					
Resolves conflicts with words					
<b>Work/Study Habits</b>	NOT APPLICABLE	AREA OF CONCERN	PROGRESSING	AGE APPROPRIATE	AREA OF STRENGTH
Is attentive					
Listens effectively in a group					
Contributes to discussions					
Follows directions					
Uses independent time well					
Can focus on one task					
Completes tasks					
Shows ability to organize					
Self-starter					
Enjoys new challenges					
Maintains personal belongings					

<b>Motor Skills</b>	<b>NOT APPLICABLE</b>	<b>AREA OF CONCERN</b>	<b>PROGRESSING</b>	<b>AGE APPROPRIATE</b>	<b>AREA OF STRENGTH</b>
Gross motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parent/Guardian Support</b>					
Reliability of attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness in arriving at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supports school's policies and goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively with teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supports student academically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Math and Language Skills**

Please summarize language skills

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Please summarize math skills

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Please list any area of concern (To your knowledge has this applicant ever been evaluated or provided special consideration for emotional or academic reasons?)

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Comments

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Is there any additional information that can be better conveyed in a telephone conversation?  Yes  No

If necessary, hours and telephone number where you can be reached:

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Name \_\_\_\_\_ Position \_\_\_\_\_

School \_\_\_\_\_ School Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>I RECOMMEND THIS STUDENT</b>	<b>NOT AT ALL</b>	<b>WITH RESERVATION</b>	<b>MILDLY</b>	<b>WITH CONFIDENCE</b>	<b>ENTHUSIASTICALLY</b>
Academic Ability and Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Personal Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

# **Transcript Release and Confidentiality Form**

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<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.*

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**Instructions to applicant's parents:** Please complete this form and forward it to the custodian of pupil records at your child's present school.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applying to Grade

\_\_\_\_\_  
Name of Current School

I hereby authorize the custodian of the pupil named above to release 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 parent or legal guardian

\_\_\_\_\_  
Date

**Instructions to the applicant's current school:** Please return this form after November 15th along with the following:

1. Transcript, including current academic year to date as well as the prior academic year
2. Immunization record
3. Standardized test data
4. Conduct and discipline
5. Psycho-educational testing and reports
6. Medical and health data