

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

**CONFIDENTIAL RECOMMENDATION**

**Current English Teacher**

- |   |                          |                       |              |                   |
|---|--------------------------|-----------------------|--------------|-------------------|
| <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.

<b>Academic Qualities</b>	<b>NO OPPORTUNITY TO OBSERVE</b>	<b>POOR</b>	<b>FAIR</b>	<b>AVERAGE</b>	<b>GOOD</b>	<b>EXCELLENT</b>	<b>EXCEPTIONAL</b>
Study habits							
Attention span							
Ability to work Independently							
Ability to organize and communicate ideas							
Motivation							
Intellectual curiosity							
Critical and abstract thinking skills							
Classroom participation							
<b>Personal Qualities</b>	<b>NO OPPORTUNITY TO OBSERVE</b>	<b>POOR</b>	<b>FAIR</b>	<b>AVERAGE</b>	<b>GOOD</b>	<b>EXCELLENT</b>	<b>EXCEPTIONAL</b>
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 ENGLISH TEACHER RECOMMENDATION FORM

1. Please compare this student's academic achievement to his/her ability.
2. How many students are in this class? \_\_\_\_\_
3. Comment on this student's reading comprehension. Please list books read this year. You may add a sheet if necessary.
4. In this student's academic work, does he/she require prodding or additional supervision? Please elaborate.
5. Comment on the student as a person. (Consider maturity, integrity, behavior, relationship with peers, self-confidence, etc.)
6. What has your experience been in working with this student's family?
7. 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.*

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

**CONFIDENTIAL RECOMMENDATION**

**Current Mathematics Teacher**

<input type="checkbox"/> Colorado Academy	3800 S. Pierce St.	Denver, CO 80235	303.914.2513	Fax: 303.914.2589
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*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.

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Ability to work Independently							
Ability to organize and communicate ideas							
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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 MATHEMATICS TEACHER RECOMMENDATION FORM

1. This student is enrolled in:  Arithmetic  Pre-Algebra  Algebra I  Geometry  Algebra II  Other: \_\_\_\_\_  
Section level of course:  Remedial  Regular  Advanced  Mixed-ability  
Textbook: \_\_\_\_\_ Number of students in class: \_\_\_\_\_  
Suggested Math placement for next year: \_\_\_\_\_

2. Please compare this student's academic achievement to his/her ability.

3. Please describe this student in math. (Consider ability to retain mathematical relationships and principles, drawing generalizations, applying basic principles in word problems, and relying on memory versus conceptual process.)

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. 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.**

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 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.*

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# Transcript Release and Confidentiality Form

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<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