

ADMISSION APPLICATION FORM

Developed by TABS for Independent Boarding and Day Schools

To the Applicant:

- Please type, print or electronically enter your name in the space below and then give this form to your current Mathematics teacher.
- Attach an addressed, stamped envelope for each of the schools to which you are applying.
- See the last page of these forms for a list of schools which accept the admission application.
- Please contact the schools to which you are applying before submitting this form.

Name of student

Applicant to grade

Signature

Date

To the Parent/Guardian:

Please read and sign the statement below.

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 each school to which you are applying.)

Name of parent or guardian

Signature of parent or guardian

Date

To the Teacher:

This form is part of the admission application being used by several independent schools throughout the U.S., Canada, and abroad. 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 the schools for which the applicant has provided stamped envelopes. Be sure the parent/guardian has signed the form in the space above. Feel free to use additional sheets, if necessary.

This form can be completed electronically. Teachers can now complete pages 2 and 3 of the recommendation forms at their computers (page 1 will have to be completed by the students and their parents). To do so, follow these instructions:

1. Using the Internet, navigate to www.tabs.org/forms/math_rec.pdf to download or launch this form.
2. Using Acrobat Reader, enter your responses on the form's lines (each line is a text field).
3. Print the form and attach the completed pages to page one.
4. Make photocopies of all 3 pages of the completed form.
5. Sign each form and send them to the requested schools in the envelopes provided by the student.

Thank you for your cooperation and candor.

Teacher's name *please print*

Title School

Name of student

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below average	No basis for judgment
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to Work Independently						
Organization						
Creativity						
Willingness to Take Intellectual Risks						
Concern for Others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is relatively weak or strong in any areas listed above, please elaborate.

Please comment on this student's character, citizenship, and contributions to your community.

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student's application.

Signature Date

Mailing address

E-mail address

Telephone