

Recommendation for Admission to Palma School Sixth Grade

To be completed by the applicant's current teacher.

Name of Applicant _____

These remarks will only be seen by the Palma School Admission Committee and will remain confidential.

How long have you known this applicant? _____

How well do you know him? Very Fairly Not very

Please discuss how the applicant has worked to his academic potential.

Please discuss this applicant's performance in extracurricular activities. Does he exhibit strengths, talents and/or leadership?

Does this applicant have areas for growth or challenges for which we should be made aware? *(If yes, please explain.)*

Are there special or unusual circumstances (positive or negative) which may be relevant to this applicant's performance in school?

Are you aware of any disciplinary actions? *(If yes, please explain.)*

Based on your experience with other students at this level, please rate this applicant in the following areas:

	Outstanding	Good	Average	Below Average	Poor	Not Observed
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

I would: Strongly Recommend Recommend Recommend with Reservations Not Recommend

Name _____ School _____ Date _____

Signature _____ Title _____ Contact _____

Release of Student Records for Admission to Palma School

Please expedite to allow your son's school ample time to respond to this request.

Parent/Guardian:

1. Complete, sign and date this form below.
2. Give this form to your son's current school registrar/main office.

Name of Applicant _____

I/We hereby authorize my/our son's school to release information to Palma to support his application for enrollment, and I/we will not seek access to confidential recommendation and evaluation materials before or after the admission is made. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Palma School for this purpose.

In order to complete the application, I/we authorize the release of my/our son's test scores, academic and disciplinary records as requested by Palma School. After acceptance has been offered, I/we authorize release of the full record when enrollment at Palma School occurs.

Date _____

Parent(s)/Guardian(s) name(s) please print _____

Signature(s) of Parent(s)/Guardian(s) _____

Telephone Number _____ Email _____

SCHOOL REGISTRAR

Please send the following four (4) items to the address provided below. We recommend you photocopy these forms for your records.

1. This original form
2. A copy of this applicant's grades for the previous two (2) school years
3. A copy of this applicant's grades for the current school year
4. A copy of this applicant's most recent standardized test scores

Please mail to:

Director of Admissions
Palma School
919 Iverson Street
Salinas, CA 93901

or Email to:

admission@palmaschool.org

Thank you for your prompt response to this request.