

2018-19 Academic Year

Common Teacher Referral Form For Children Applying To Grades 5 through 12

The schools listed have agreed to use this Common Teacher Referral Form which is required for children applying to Independent Schools of St. Louis (ISSL).

Directions:

- A release form, signed and dated by the parent(s) or legal guardian(s), should accompany this referral form. The information provided on this form will be kept in the **strictest confidence, will not be shared with parents** and is used only by the Admission Committee.
- Retain the **original form** for your files.
- Mail a **copy** of the form to the school requesting the information.
- If applicable, include any progress reports, school or health records with the referral form.
- **Return the form to the requesting ADMISSION OFFICE no later than ten (10) days from the date received.**

_____ Academy of the Sacred Heart 619 N. 2nd Street St. Charles, MO 63301	[P] 636-946-6127 [F] 636-949-6659	_____ Kirk Day School 12928 Ladue Road St. Louis, MO 63141	[P] 314-434-4349 [F] 314-434-0047
_____ Andrews Academy/Creve Coeur 888 N. Mason Road St. Louis, MO 63141	[P] 314-878-1883 [F] 314-878-0759	_____ Mary Institute and St. Louis Country Day School Admission Office 101 N. Warson Road St. Louis, MO 63124	[P] 314-995-7367 [F] 314-872-3257
_____ Andrews Academy/Lake St. Louis 1701 Feise Road Lake St. Louis, MO 63368	[P] 636-561-7709 [F] 636-561-7725	_____ New City School 5209 Waterman Blvd. St. Louis, MO 63108	[P] 314-361-6411 [F] 314-361-1499
_____ Central Christian School 700 South Hanley St. Louis, MO 63105	[P] 314-727-4535 [F] 314-727-8006	_____ Rohan Woods School 1515 Bennett Avenue St. Louis, MO 63122	[P] 314-821-6270 [F] 314-821-6878
_____ Chesterfield Day School 1100 White Road Chesterfield, MO 63017	[P] 314-469-6622 [F] 314-469-7889	_____ Rossman School 12660 Conway Road St. Louis, MO 63141	[P] 314-434-5877 [F] 314-434-1668
_____ Chesterfield Montessori School 14000 Ladue Road Chesterfield, MO 63017	[P] 314-469-7150 [F] 314-469-7851	_____ Saul Mirowitz Jewish Community School 348 S. Mason Rd. St. Louis, MO 63141	[P] 314-576-6177 [F] 314-567-3624
_____ City Academy 4175 N. Kingshighway Blvd St. Louis, MO 63115	[P] 314-382-0085 [F] 314-382-0228	_____ The St. Michael School of Clayton 6345 Wydown Boulevard St. Louis, MO 63105	[P] 314-721-4422 [F] 314-721-4448
_____ The College School 7825 Big Bend Blvd. St. Louis, MO 63119	[P] 314-962-9355 [F] 314-962-5078	_____ Villa Duchesne and Oak Hill School 801 S. Spoede Road St. Louis, MO 63131	[P] 314-810-3566 [F] 314-432-0199
_____ Community School 900 Lay Road St. Louis, MO 63124	[P] 314-991-0005 [F] 314-991-1512	_____ Visitation Academy 3020 North Ballas Road St. Louis, MO 63131	[P] 314-625-9103 [F] 314-432-7210
_____ Forsyth School 6235 Wydown Boulevard St. Louis, MO 63105	[P] 314-726-4542 [F] 314-726-0112	_____ The Wilson School 400 DeMun Avenue St. Louis, MO 63105	[P] 314-725-4999 [F] 314-400-5224
_____ The Fulton School at St. Albans P.O. Box 78 123 Schoolhouse Road St. Albans, MO 63073	[P] 636-458-6688 [F] 636-458-6660		



ISSL Secondary School Application Transcript Release Form

Transcript Release Form

Parents: Please give this form to your child's current school. Records must be sent **directly** from the current school.

I/We authorize the release of my/our child's:

- grades from the past two school years and the current school year
- aptitude and achievement test scores
- interpretation of grading scales
- psychological and special needs testing results
- attendance and disciplinary records
- immunization and medical records
- current teacher recommendation

If accepted, I/We authorize release of the full record when transfer occurs.

I/We authorize the school(s) checked to contact schools and other sources to obtain information relative to my/our child's application. I/We will not seek access to confidential recommendation and evaluation materials before or after the admission decision is made.

Applicant's full name: _____
Last First Middle

Applying for grade: _____ Enrolling: _____ DOB: _____
Month/Year Month/Day/Year

Current School: _____

School Address: _____
Street Address City State Zip

School phone: () _____ School fax: () _____

STATEMENT OF CONFIDENTIALITY:

It is the policy of all members of the Independent Schools of St. Louis that all information received regarding a candidate's application for admission will be treated with complete confidentiality. Only authorized school personnel have access to this information and then only to the extent that the information is relevant to admission and placement decisions. Information received within the scope of this policy is not disclosed to the applicant or to the applicant's family.

Signature(s) of parent(s)/guardian(s):

Signature Date

Signature Date



Common Recommendation Form for Children Applying to Grades 5 through 12 Section D

Parent(s)/Guardian(s): Please submit this form to one of your child's current teachers. Include with each recommendation, an addressed and stamped envelope for each school to which you would like the completed recommendation sent.

Teachers: Please keep the original and send copy(ies) directly to the school(s) to which the student is applying. This form may be duplicated. If more than one teacher is writing a recommendation, additional pages may be submitted.

Applicant's full name: _____
Last First Middle

Applicant's current school: _____ Current grade: _____

The student named above is applying for admission to one or more secondary school members of the Independent Schools of St. Louis. As part of the admission process, we appreciate your cooperation in completing this form. This evaluation and its contents will be used only in connection with the admission decision by the ISSL schools using the ISSL Secondary School Application. ISSL member schools will keep your comments confidential and will not share reasons for an applicant being denied admission.

If you would prefer to discuss the applicant by phone rather than completing this form, please check the box below, sign and return this form with your telephone number(s). A representative from the admission office will contact you shortly.

I would like to discuss the applicant personally rather than completing this form. Best time: _____
Contact #: _____

Name of person completing this form: _____
Print Name

Signature Date

My relationship with this student has been that of (check all that apply):

- School Counselor School Administrator
- Teacher (please specify subjects and grade level) _____
- Other (please specify) _____

I have known this student for: _____ Years _____ Months Daytime phone: () _____

If you are the teacher, how large is the class in which you teach the student? _____

Describe your course, materials and textbooks used. _____

The items that follow ask for your sense of this student's relationship within the school community, emotional and social growth and intellectual development. Your insight will help us to know this child. We understand the difficulty in evaluating a student, and we are aware that children are constantly growing, changing and developing. The information you provide will be kept in strictest confidence and used only by the admission committee.

What are the first three words or phrases that come to mind when describing this student?

1. _____ 2. _____ 3. _____

What are the student's special interests or abilities?

We would appreciate your comments and observations concerning the strengths, weaknesses, learning style, health, behavior or special needs of this student. Feel free to submit any additional material if necessary.

Please comment on the parent(s)/guardian(s) support of the child's learning and the adult cooperation with the school.

Please comment on the student's character, citizenship, and contributions to your school community. _____

Please rate this student compared to other students you have taught on the scale below as it relates to each category listed. This form may be duplicated if more than one teacher wishes to complete this scale.

<u>Academic Qualities</u>	One of the top few I have ever encountered	Excellent (Top 10% this year)	Good (Above Average)	Average	Below Average	No Basis for Judgment
Motivation to learn						
Intellectual curiosity						
Ability to work in a group						
Ability to work independently						
Organizational skills						
Work habits						
Creativity						
Class preparation						
Class participation						
Academic promise						
Academic achievement						
Effort/determination						
Overall evaluation as a student						

<u>Personal Qualities</u>	One of the top few I have ever encountered	Excellent (Top 10% this year)	Good (Above Average)	Average	Below Average	No Basis for Judgment
Work ethic						
Conduct						
Consideration for others						
Relationships with peers						
Relationships with adults						
Respect accorded by peers						
Respect accorded by faculty						
Emotional maturity						
Self-confidence						
Sense of humor						
Integrity/Honesty						
Sense of responsibility						
Leadership skills						