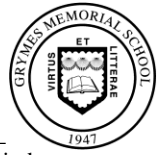


# GRYMES MEMORIAL SCHOOL - SCHOOL RECOMMENDATION FORM

FOR ADMISSION TO GRADES ONE THROUGH EIGHT ONLY



Name of Applicant \_\_\_\_\_ Grade for which applying \_\_\_\_\_

This child is seeking admission to Grymes Memorial School, and independent coeducational school offering instruction from junior kindergarten (age four) through the eighth grade.

**Please send with this form a record of the candidate's: 1) current and last school year's marks; and 2) any standardized test scores for achievement and ability (IQ), showing names, dates of grade and month, percentiles or stanines, and indication of national or independent school norms used in scoring. We would appreciate your observations about the areas listed below. Your candid estimate of the applicant will be of invaluable assistance to the Admissions Committee, is confidential, and cannot be released to anyone.**

If you wish to discuss the student personally rather than complete this form, please check here  , sign the form at the bottom, and note your telephone number. The Director of Admissions will call you.

AREAS	1	2	3	4	5	Your Rating
ACADEMIC ABILITY	Superior	Fine Student	Capable of satisfactory work	Marginal ability	Poor academic risk	
INDEPENDENT WORK AND STUDY HABITS	Excellent	Well above average	Average	Weak	Unsatisfactory	
CONDUCT AND INTEGRITY	Outstanding in every respect	Generally excellent	Good or acceptable	Weak or questionable	Poor	
ATTENTIVENESS TO TASK	Always	Almost always	Usually	Rarely	Never	
MOTIVATION	Excellent	Well above average	Average	Occasionally weak	Poor	
ATTITUDE AND COOPERATION	Outstanding in every respect	Generally excellent	Satisfactory	Less than satisfactory	Poor	
SOCIAL SKILLS	Positive leadership	Cooperates with peers	Average Skills	Circle One: Little Interaction Somewhat Aggressive	Circle One: Isolated Overly Aggressive	
MATURITY AND STABILITY	Excellent	Well above average	Average for age	Below expected level	Poor	
RECOMMENDATION AS A STUDENT	Outstanding	Excellent	Good	Fair	Poor	

1. Does the candidate have any outstanding abilities or deficiencies not covered by above categories? Yes  No

Explanation: \_\_\_\_\_

2. Does the candidate have any significant limitations that affect school performance? Yes  No

Explanation: \_\_\_\_\_

3. Please check if candidate has ever been recommended for special school or programs (gifted, etc.) Yes  No

Did Candidate participate? Yes  No  Which one(s)? \_\_\_\_\_

4. If your school is private, are financial responsibilities for school bills met on time? Yes  No  Not Applicable

5. Is candidate in good standing and eligible to remain if you offer the next grade level? Yes  No  Not Applicable

6. Has Student been referred to a school office for disciplinary action? Yes  No  Explanation: \_\_\_\_\_

7. Compared to other students in similar circumstances, how would you rate this candidate?

One of the top few I have encountered in my career  outstanding  excellent  good (above average)  fair  weak  unable to rate

8. How would you rank applicant's performance in his/her class? top third  middle third  bottom third

**We ask that you and/or the candidate's current teacher use the back of this form to write a brief narrative report that further describes the student and/or explains the answers to the questions above. The back can be photocopied for wider circulation.**

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

Printed Name (Mr., Mrs., Ms., Miss, Dr.) \_\_\_\_\_

School \_\_\_\_\_ Area Code and Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Please check here if you would like to receive a copy of Grymes Memorial School's current brochure.

After completion, please attach last year's marks to date and record of standardized test scores and mail to Director of Admissions, Grymes Memorial School, P.O. Box 1160, Orange, Virginia 22960. The school telephone number is (540) 672-1010 and fax number is (540) 672-9167.

[Office Use: Card Sent  ] (Over Please)

**IMPORTANT REQUEST:**

Please use this space to write your estimate of the candidate's possible success in and contribution to Grymes Memorial School. You are encouraged to comment candidly on those characteristics of the candidate that seem to you to distinguish him or her from other students with whom you have been associated. Illustrate by example when appropriate. Is the candidate's record with your school a true index of ability, or have outside circumstances interfered with academic achievement? (For example: excessive involvement in extracurricular activities, absences, difficult home situation). What suggestions can you give Grymes Memorial School to help this student be successful and happy?

Thank you for your time and effort in evaluating this student and assisting both the candidate and Grymes Memorial School. Your information will remain confidential.

**Director of Admissions**

**Office Telephone (540) 672-1010**

**Office Fax (540) 672-9167**

**Email: admissions@grymesschool.org**

**Provide information below if different from front of this form.**

Evaluator's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name (Mr., Mrs., Miss, Ms., Dr.) \_\_\_\_\_ Area Code/Phone Number \_\_\_\_\_ Fax \_\_\_\_\_  
School Name \_\_\_\_\_ School Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
In what capacity have you known the applicant? \_\_\_\_\_ Length of acquaintance \_\_\_\_\_