Application for Admission

Transcript Request | Guidance Recommendation

Applicant Instructions

Please type/print your full name in the space provided and submit to your current principal, head of school, or guidance counselor.

Name of Applicant (printed) ______ Date ______

Date of Birth _____

Parent/Guardian Instructions

Please sign that you acknowledge that you waive your right to read the confidential recommendation for the VES applicant listed above, and that you give permission to have all grade reports, attendance records, standardized test scores, and teacher reports/comments forwarded to Virginia Episcopal School.

Parent/Guardian Signature Date

Name Printed _____

Principal/Head of School/Guidance Counselor Instructions

This recommendation form will remain confidential and will not become a part of the student's permanent record. Please return the completed form as soon as possible to:

Virginia Episcopal School Admissions Office 400 VES Road · Lynchburg, VA 24503 434-385-3603 (f) · admissions@ves.org

Please check the appropriate rating.

	One of the Top Few I have Ever Met	Excellent (Top 10%)	Good (Above Average)	Average	Below Average	No Basis for Judgment
Academic Potential	0	0	0	0	0	0
Academic Achievement	0	0	0	0	0	0
Intellectual Curiosity	0	0	0	0	0	0
Effort/Determination	0	0	0	0	0	0
Ability to Work Independently	0	0	0	0	0	0
Organization	0	0	0	0	0	0
Creativity	0	0	0	0	0	0
Willingness to Take Individual Risks	0	0	0	0	0	0
Concern for Others	0	0	0	0	0	0
Honesty/Integrity	0	0	0	0	0	0
Self-Esteem	0	0	0	0	0	0
Maturity	0	0	0	0	0	0
Responsibility	0	0	0	0	0	0
Respect Accorded by Faculty	0	0	0	0	0	0
Respect by Peers	0	0	0	0	0	0
Emotional Stability	0	0	0	0	0	0
Overall Evaluation as a Person	0	0	0	0	0	0
Overall Evaluation as a Student	0	0	0	0	0	0

Virginia Episcopal School

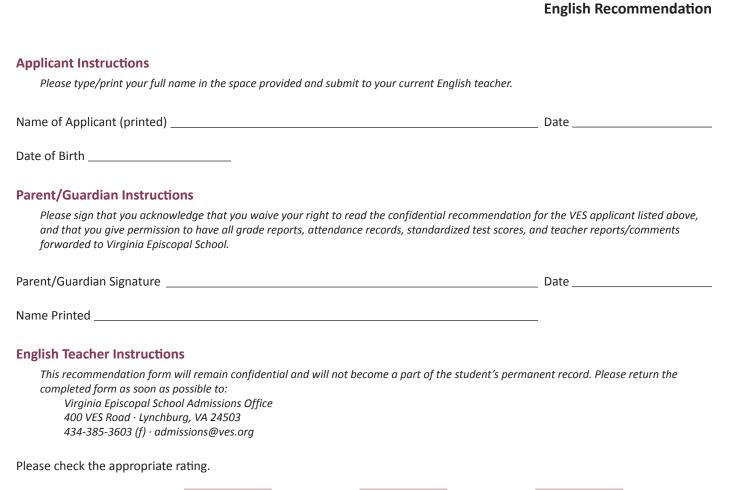
If the student is relatively weak or strong in any of the areas listed on the other side, please elaborate.

Please comment on the student's character and contributions to your community.

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

Is the school on a block schedule? • Yes • • No

Guidance Counselor Signature		Date
Name Printed	Title	
School		
Email	Phone	



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Ability to Work Independently	0	0	0	0	0	0
Organization	0	0	0	0	0	0
Creativity	0	0	0	0	0	0
Willingness to Take Individual Risks	0	0	0	0	0	0
Concern for Others	0	0	0	0	0	0
Honesty/Integrity	0	0	0	0	0	0
Self-Esteem	0	0	0	0	0	0
Maturity	0	0	0	0	0	0
Responsibility	0	0	0	0	0	0
Respect Accorded by Faculty	0	0	0	0	0	0
Respect by Peers	0	0	0	0	0	0
Emotional Stability	0	0	0	0	0	0
Overall Evaluation as a Person	0	0	0	0	0	0
Overall Evaluation as a Student	0	0	0	0	0	0

Virginia Episcopal School

What course(s) have you taught the student?

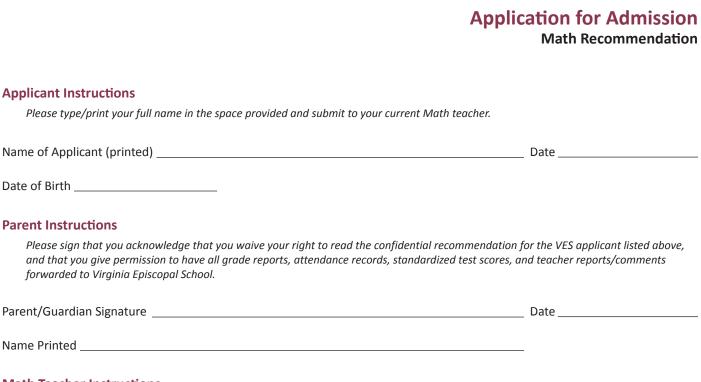
Briefly describe the course(s).

Please evaluate the applicant in the following areas:

	Below Grade Level	On Grade Level	Above Grade Level
Vocabulary: Oral	0	0	0
Vocabulary: Written	0	0	0
Reading Skill: Speed	0	0	0
Reading Skill: Accuracy	0	0	0
Reading Skill: Capacity to draw inferences	0	0	0
Reading Skill: Ability to move from literal to figurative	0	0	0
Writing Skill: Clarity & Style	0	0	0
Writing Skill: Ability to organize ideas into logical sequence	0	0	0
Spelling	0	0	0
Punctuation	0	0	0

What are the first three words that come to mind to describe this student?

1	2		3	
English Teacher Signature			Date	
Name Printed		Title		
School				
Email		Phone		



Math Teacher Instructions

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Please check the appropriate rating.

	One of the Top Few I have Ever Met	Excellent (Top 10%)	Good (Above Average)	Average	Below Average	No Basis for Judgment
Academic Potential	0	0	0	0	0	0
Academic Achievement	0	0	0	0	0	0
Intellectual Curiosity	0	0	0	0	0	0
Effort/Determination	0	0	0	0	0	0
Ability to Work Independently	0	0	0	0	0	0
Organization	0	0	0	0	0	0
Creativity	0	0	0	0	0	0
Willingness to Take Individual Risks	0	0	0	0	0	0
Concern for Others	0	0	0	0	0	0
Honesty/Integrity	0	0	0	0	0	0
Self-Esteem	0	0	0	0	0	0
Maturity	0	0	0	0	0	0
Responsibility	0	0	0	0	0	0
Respect Accorded by Faculty	0	0	0	0	0	0
Respect by Peers	0	0	0	0	0	0
Emotional Stability	0	0	0	0	0	0
Overall Evaluation as a Person	0	0	0	0	0	0
Overall Evaluation as a Student	0	0	0	0	0	0

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What course(s) have you taught the student?

Briefly describe the course(s).

What math course is recommended for next year?

Describe the student's ability to problem solve and deal with abstract concepts:

If you believe the candidate's record with you is not an accurate reflection of the student's ability, please comment on the circumstances that may have interfered with the student's achievement.

If the student is relatively weak or strong in any of the areas listed on the other side, please elaborate.

Please comment on the student's character and contributions to your course.

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

What are the first three words that come to mind to describe this student?

1	2		3
Math Teacher Signature			Date
Name Printed		Title	
School			
Email		Phone	