



Virginia Episcopal School

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual Curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effort/Determination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Work Independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creativity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willingness to Take Individual Risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern for Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Honesty/Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Esteem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect Accorded by Faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect by Peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Evaluation as a Person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Evaluation as a Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 _____



Virginia Episcopal School

Application for Admission English Recommendation

Applicant Instructions

Please type/print your full name in the space provided and submit to your current English teacher.

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 _____

English Teacher 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual Curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effort/Determination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Work Independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creativity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willingness to Take Individual Risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern for Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Honesty/Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Esteem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect Accorded by Faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect by Peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Evaluation as a Person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Evaluation as a Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How well do you know the student?

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocabulary: Written	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading Skill: Speed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading Skill: Accuracy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading Skill: Capacity to draw inferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading Skill: Ability to move from literal to figurative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing Skill: Clarity & Style	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing Skill: Ability to organize ideas into logical sequence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punctuation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 _____



Virginia Episcopal School

Application for Admission Math Recommendation

Applicant Instructions

Please type/print your full name in the space provided and submit to your current Math teacher.

Name of Applicant (printed) _____ Date _____

Date of Birth _____

Parent 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 _____

Math Teacher 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:

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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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual Curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effort/Determination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Work Independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creativity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willingness to Take Individual Risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern for Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Honesty/Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Esteem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect Accorded by Faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect by Peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Evaluation as a Person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Evaluation as a Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How well do you know the student?

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 _____