2018-2019 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
[TEL] 636-946-6127
[TEL-FAX] 636-949-6659

Andrews Academy/Creve Coeur
888 N. Mason Road
St. Louis, MO 63141
[TEL] 314-878-1883
[TEL-FAX] 314-878-0759

Andrews Academy/Lake St. Louis
1701 Feise Road
Lake St. Louis, MO 63368
[TEL] 636-561-7709
[TEL-FAX] 636-561-7725

Central Christian School
700 South Hanley
St. Louis, MO 63105
[TEL] 314-727-4535
[TEL-FAX] 314-727-8006

Chesterfield Day School
1100 White Road
Chesterfield, MO 63017
[TEL] 314-469-6622
[TEL-FAX] 314-469-7889

Chesterfield Montessori School
14000 Ladue Road
Chesterfield, MO 63017
[TEL] 314-469-7150
[TEL-FAX] 314-469-7851

City Academy
4175 N. Kingshighway Blvd
St. Louis, MO 63115
[TEL] 314-382-0085
[TEL-FAX] 314-382-0228

The College School
7825 Big Bend Blvd.
St. Louis, MO 63119
[TEL] 314-962-9355
[TEL-FAX] 314-962-5078

Community School
900 Lay Road
St. Louis, MO 63124
[TEL] 314-991-0005
[TEL-FAX] 314-991-1512

Forsyth School
6235 Wydown Boulevard
St. Louis, MO 63105
[TEL] 314-726-4542
[TEL-FAX] 314-726-0112

The Fulton School at St. Albans
PO. Box 78
123 Schoolhouse Road
St. Albans, MO 63073
[TEL] 636-458-6688
[TEL-FAX] 636-458-6660

Kirk Day School
12928 Ladue Road
St. Louis, MO 63141
[TEL] 314-434-4349
[TEL-FAX] 314-434-0047

Mary Institute and St. Louis Country Day School
Admission Office
101 N. Warson Road
St. Louis, MO 63124
[TEL] 314-995-7367
[TEL-FAX] 314-872-3257

New City School
5209 Waterman Blvd.
St. Louis, MO 63108
[TEL] 314-361-6411
[TEL-FAX] 314-361-1499

Rohan Woods School
1515 Bennett Avenue
St. Louis, MO 63122
[TEL] 314-821-6270
[TEL-FAX] 314-821-6878

Rossman School
12660 Conway Road
St. Louis, MO 63141
[TEL] 314-434-5877
[TEL-FAX] 314-434-1668

Saul Mirowitz Jewish Community School
348 S. Mason Rd.
St. Louis, MO 63141
[TEL] 314-576-6177
[TEL-FAX] 314-567-3624

The St. Michael School of Clayton
6345 Wydown Boulevard
St. Louis, MO 63105
[TEL] 314-721-4422
[TEL-FAX] 314-721-4448

Villa Duchesne and Oak Hill School
801 S. Spoede Road
St. Louis, MO 63131
[TEL] 314-810-3566
[TEL-FAX] 314-810-3566

Visitation Academy
3020 North Dallas Road
St. Louis, MO 63131
[TEL] 314-625-9103
[TEL-FAX] 314-625-9103

The Wilson School
400 DeMun Avenue
St. Louis, MO 63105
[TEL] 314-725-4999
[TEL-FAX] 314-400-5224

2018-2019
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: __________________________________________________________________________________________

Applying for grade: ______________________ Enrolling: ______________________ DOB: ______________________

  Month/Year                            Month/Day/Year

Current School: ______________________________________________________________________________________________

School Address: ______________________________________________________________________________________________

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: _______________________________________________________________________________________

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.

Name of person completing this form: ____________________________________________________________________________

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?

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

Print Name

Best time: __________________
Contact #: ________________

Signature Date

Last First Middle

2018-2019
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.

<table>
<thead>
<tr>
<th>Personal Qualities</th>
<th>One of the top few I have ever encountered</th>
<th>Excellent (Top 10% this year)</th>
<th>Good (Above Average)</th>
<th>Average</th>
<th>Below Average</th>
<th>No Basis for Judgment</th>
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<td>Work ethic</td>
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<td>Conduct</td>
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<td>Consideration for others</td>
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<td>Relationships with peers</td>
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<td>Relationships with adults</td>
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<td>Respect accorded by peers</td>
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<td>Respect accorded by faculty</td>
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<td>Emotional maturity</td>
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<td>Self-confidence</td>
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<td>Sense of humor</td>
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<td>Integrity/Honesty</td>
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<td>Sense of responsibility</td>
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<td>Leadership skills</td>
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<th>Academic Qualities</th>
<th>One of the top few I have ever encountered</th>
<th>Excellent (Top 10% this year)</th>
<th>Good (Above Average)</th>
<th>Average</th>
<th>Below Average</th>
<th>No Basis for Judgment</th>
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<td>Motivation to learn</td>
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<td>Intellectual curiosity</td>
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<td>Ability to work in a group</td>
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<td>Ability to work independently</td>
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<td>Work habits</td>
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<td>Creativity</td>
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<td>Class preparation</td>
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<td>Academic promise</td>
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<td>Academic achievement</td>
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<td>Effort/determination</td>
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<td>Overall evaluation as a student</td>
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