

2011-2012 Academic Year
Common Teacher Referral Form
For Children Applying To
Fifth and Sixth Grade

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 [P] 636-946-6127
619 N. 2nd Street [F] 636-949-6659
St. Charles, MO 63301

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

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

_____ Central Christian School [P] 314-727-4535
700 South Hanley [F] 314-727-8006
St. Louis, MO 63105

_____ Chesterfield Day School [P] 314-469-6622
1100 White Road [F] 314-469-7889
Chesterfield, MO 63017

_____ Chesterfield Montessori School [P] 314-469-7150
14000 Ladue Road [F] 314-469-7851
Chesterfield, MO 63017

_____ City Academy [P] 314-382-0085
4175 N. Kingshighway Blvd [F] 314-382-0228
St. Louis, MO 63115

_____ Clayton Child Center/Clayton Academy [P] 314-727-0833
1414 Bellevue [F] 314-727-6381
St. Louis, MO 63117

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

_____ Community School [P] 314-991-0005
900 Lay Road [F] 314-991-1512
St. Louis, MO 63124

_____ Forsyth School [P] 314-726-4542
6235 Wydown Boulevard [F] 314-726-0112
St. Louis, MO 63105

_____ The Fulton School at St. Albans [P] 636-458-6688
P.O. Box 78 [F] 636-458-6660
123 Schoolhouse Road
St. Albans, MO 63073

_____ Kirk of the Hills Christian Day School [P] 314-434-4349
12928 Ladue Road [F] 314-434-0047
St. Louis, MO 63141

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

_____ New City School [P] 314-361-6411
5209 Waterman Avenue [F] 314-361-1499
St. Louis, MO 63108

_____ Rohan Woods School [P] 314-821-6270
1515 Bennett Avenue [F] 314-821-6878
St. Louis, MO 63122

_____ Rossman School [P] 314-434-5877
12660 Conway Road [F] 314-434-1668
St. Louis, MO 63141

_____ The St. Michael School [P] 314-721-4422
6345 Wydown Boulevard [F] 314-721-4448
St. Louis, MO 63105

_____ Villa Duchesne and Oak Hill School [P] 314-810-3417
801 S. Spoeede Road [F] 314-432-0199
St. Louis, MO 63131

_____ Visitation Academy [P] 314-625-9103
3020 North Ballas Road [F] 314-432-7210
St. Louis, MO 63131

_____ The Wilson School [P] 314-725-4999
400 DeMun Avenue [F] 314-725-5242
St. Louis, MO 63105

Transcript Release Form (Section C)

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: _____
First Middle Last

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

Parents: 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 recommending.

Applicant's full name: _____
First Middle Last

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 not share reasons for an applicant being denied admission.

If you wish to discuss this in person 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

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

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

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

Signature Date

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 words that come to mind when describing this student?

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 attach an additional sheet of paper if necessary.

Please comment on the parents' support of their child's learning and their cooperation with the school.

Does this school have a program for special needs students (gifted, learning disabled, etc.)? Yes No

If yes, is this student involved in a program? Yes No Name of program: _____

For how long has this student been involved? _____ Years _____ Months

Has the applicant ever been suspended, dismissed, requested to withdraw or otherwise penalized or disciplined for any reason? Yes No

If yes, please state the nature of the action taken and describe the circumstances relating to the action. Please provide the names of the teachers or administrators involved.

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.)

Personal Qualities

	Outstanding	Above Average	Average	Fair	Needs Improvement
Work ethic					
Conduct					
Consideration for others					
Relationships with peers					
Relationships with adults					
Emotional maturity					
Self-confidence					
Sense of humor					
Honesty					
Sense of responsibility					
Leadership skills					

	Outstanding	Above Average	Average	Fair	Needs Improvement
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					