

THE APPLICATION



**Colorado Rocky
Mountain School**

Elevating Education Since 1953

OUR MISSION

Colorado Rocky Mountain School cultivates a learning environment in which students discover their potential to excel as individuals, contribute to their communities, and participate thoughtfully in the world we share.



APPLICATION CHECKLIST

Included in this application packet are all of the forms you will need to apply to Colorado Rocky Mountain School. It is important to have all of these forms returned no later than February 15th for first round consideration. If all of the requirements are met by that date, notification of a decision from the admission committee will be mailed on March 10. Completed applications received after the application deadline will be reviewed on a rolling basis if space is available.

Please make copies of all of your completed application materials before mailing them to CRMS.

FORM A

Application Form

Campus Visit/Interview

A campus visit and interview with an admission officer is required as part of the application process. Please call the admission office as soon as possible to schedule a visit to take place when school is in session. (If a visit to campus is impossible, a telephone or skype interview can be arranged.)

Testing

All applicants are required to take the Secondary School Admission Test (SSAT) and have the official score report forwarded directly to CRMS. The Colorado Rocky Mountain School SSAT code number is 2506. Information about the SSAT and test registration can be found at www.ssat.org, or by calling 609-683-4440. Additionally, non-native English speaking applicants must take the Test of English as Foreign Language (TOEFL) and have the official score report sent to CRMS. The Colorado Rocky Mountain School code is 6782. To contact the TOEFL Office, please call 877-863-3546 or 609-951-1100.

School Transcript

Request an official transcript from your present school be sent directly to the CRMS admission office.

FORM B

Student Questionnaire

This should be completed by the student.

FORM C

Parent Questionnaire

This should be completed by the student's parents.

FORMS D, E, F

Teacher Recommendations

These forms should be given to the respective individuals as soon as possible. Because all teacher recommendations are confidential, they should be returned directly to the CRMS admission office from the teachers. It is recommended that addressed, stamped envelopes be attached to each form for the teachers' convenience.

Financial Aid

If planning to apply for financial aid, please check the appropriate box on the Application Form and call the financial aid office to request information about applying.

Application Fee

A non-refundable fee of \$50 for domestic applicants and \$150 for international applicants should be submitted with the application.

PLEASE NOTE It is your responsibility to stay in touch with the admission office regarding the status of your application.

APPLICATION FOR ADMISSION

APPLICANT INFORMATION

FIRST NAME	MIDDLE NAME	FAMILY NAME	PREFERRED NAME OR NICKNAME	
HOME ADDRESS I	CITY	STATE/PROVINCE	COUNTRY ZIP/POSTAL CODE	
GENDER	AGE	DATE OF BIRTH (MO/DY/YR)	COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP
HOME TELEPHONE (INCLUDE COUNTRY, CITY, AND AREA CODES)		EMAIL		
CELL PHONE (INCLUDE COUNTRY, CITY, AND AREA CODES)		HOME FAX (INCLUDE COUNTRY, CITY, AND AREA CODES)		
CURRENT GRADE	APPLYING FOR GRADE	YEAR OF PROPOSED ENTRANCE		
RESIDENT STATUS I	<input type="checkbox"/> BOARDING	<input type="checkbox"/> DAY		

FAMILY INFORMATION

PARENT/GUARDIAN I	NAME	EMAIL	CELL PHONE (INCLUDE COUNTRY, CITY, AND AREA CODES)
HOME ADDRESS I	CITY	STATE/PROVINCE	COUNTRY ZIP/POSTAL CODE
HOME TELEPHONE (INCLUDE COUNTRY, CITY, AND AREA CODES)		FAX (INCLUDE COUNTRY, CITY, AND AREA CODES)	
OCCUPATION	NAME OF COMPANY	BUSINESS TELEPHONE (INCLUDE COUNTRY, CITY, AND AREA CODES)	
BUSINESS ADDRESS I	CITY	STATE PROVINCE	COUNTRY ZIP/POSTAL CODE
SCHOOLS, COLLEGES, UNIVERSITIES ATTENDED			
PARENT/GUARDIAN I	NAME	EMAIL	CELL PHONE (INCLUDE COUNTRY, CITY, AND AREA CODES)
HOME ADDRESS I	CITY	STATE/PROVINCE	COUNTRY ZIP/POSTAL CODE
HOME TELEPHONE (INCLUDE COUNTRY, CITY, AND AREA CODES)		FAX (INCLUDE COUNTRY, CITY, AND AREA CODES)	
OCCUPATION	NAME OF COMPANY	BUSINESS TELEPHONE (INCLUDE COUNTRY, CITY, AND AREA CODES)	
BUSINESS ADDRESS I	CITY	STATE PROVINCE	COUNTRY ZIP/POSTAL CODE
SCHOOLS, COLLEGES, UNIVERSITIES ATTENDED			

STUDENT INFORMATION AND EDUCATION

STUDENT NAME

APPLICANT LIVES WITH FATHER MOTHER BOTH OTHER _____

WHERE SHOULD ADMISSION MATERIALS BE SENT? FATHER MOTHER BOTH OTHER _____

WHERE SHOULD FINANCIAL MATERIALS BE SENT? FATHER MOTHER BOTH OTHER _____

CHECK IF APPROPRIATE FATHER DECEASED PARENTS DIVORCED FATHER REMARRIED

LIVING OUTSIDE THE U.S. MOTHER DECEASED PARENTS SEPARATED MOTHER REMARRIED

IF PARENTS ARE DIVORCED OR SEPARATED, WHO HAS LEGAL CUSTODY OF THE APPLICANT?

ARE YOU APPLYING FOR FINANCIAL ASSISTANCE? YES NO **IF YES, PLEASE CONTACT THE FINANCIAL AID OFFICE.**

LIST ANY ADMISSION TESTS YOU HAVE TAKEN

LIST ANY OTHER SCHOOLS TO WHICH YOU ARE APPLYING

HOW DID YOU FIRST LEARN ABOUT CRMS?

FIRST LANGUAGE, IF OTHER THAN ENGLISH LANGUAGE SPOKEN IN THE HOME

DECLARATION OF ETHNICITY (OPTIONAL)

RELATIVES WHO ATTENDED CRMS

NAME YEAR GRADUATED

NAME YEAR GRADUATED

NAME YEAR GRADUATED

INFORMATION ABOUT BROTHERS AND SISTERS (USE ADDITIONAL SHEETS OF PAPER IF NECESSARY)

NAME AGE SCHOOL

NAME AGE SCHOOL

NAME AGE SCHOOL

PRESENT SCHOOL I SCHOOL NAME INDEPENDENT PRIVATE/PAROCIAL PUBLIC DATES ATTENDED

SCHOOL ADDRESS I CITY STATE/PROVINCE COUNTRY ZIP/POSTAL CODE

HEAD OR COUNSELOR TELEPHONE FAX WEBSITE/IF APPLICABLE

OTHER SCHOOLS ATTENDED IN THE PAST THREE YEARS

SCHOOL NAME CITY STATE/PROVINCE DATES ATTENDED

SCHOOL NAME CITY STATE/PROVINCE DATES ATTENDED

SIGNATURES AND FEES

SIGNATURE OF APPLICANT DATE SIGNATURE OF PARENT OR GUARDIAN DATE

APPLICATION FEE ENCLOSED DOMESTIC APPLICANT \$50 USD INTERNATIONAL APPLICANT \$150 USD



STUDENT QUESTIONNAIRE

PART ONE | ESSAYS

On a separate sheet of paper, please write essays on **two** of the following topics. The essays should be 3-5 paragraphs. These essays are intended to reflect your own work; please do not have anyone review, revise, or edit them.

- 1 Describe a life experience in which you struggled or faced adversity. How did you respond to the situation? Where did you find support?
- 2 Indicate a person who has had a significant influence on you, and describe that influence.
- 3 If you could change one significant thing about your current school, what would it be and why?
- 4 Describe your family and your role within the family dynamic.

***PLEASE ALSO SUBMIT A GRADED ENGLISH ESSAY WITH YOUR APPLICATION.**

PART TWO | SHORT ANSWER

Please respond to the questions listed below. You may attach additional pages if necessary.

List and describe any academic or academically related recognitions, awards, or citations you have received in the past two years.

What is your level of interest and participation in community service or volunteer work?

What leadership positions have you held? Describe your leadership style in each of these roles.

In what activities have you participated over the last two summers? (Camps, jobs, travel, etc.)

Please circle the work crew/sport programs you are most interested in pursuing (or trying for the first time) at CRMS.

Circle as many as you like, but please specify your top two with an asterisk*.

MOUNTAIN BIKING
ALPINE SKIING
SOCCER
YOGA
RANCH

ROCK CLIMBING
TELEMARK SKIING
GLASSBLOWING
DRAMA
ENVIRONMENTAL RESEARCH

KAYAKING
SNOWBOARDING
BLACKSMITHING
MUSIC
YEARBOOK/NEWSPAPER

NORDIC SKIING
BACKPACKING/HIKING
CERAMICS
ORGANIC GARDENING
RECYCLING

In the chart below, please describe any extracurricular activities in which you have been involved over the last few years. Activities might include arts, sports, community service, and various after-school commitments. Please list the activities in approximate order of importance to you.

ACTIVITY	YEARS INVOLVED	LEVELS, POSITIONS, AWARDS, COMMENTS	PLAN TO PURSUE AT CRMS?
<i>(for example)</i> SKIING	4	CLUB TEAM	YES
<i>(for example)</i> GUITAR	2	WEEKLY LESSONS, BAND AT SCHOOL	YES

Please complete the following sentences.

I FEEL MOST COMFORTABLE...

I'M UNCOMFORTABLE...

I ADMIRE...

SOMETHING SURPRISING ABOUT MYSELF IS...

I DEAL WITH STRESS BY...

I'M ALWAYS HAPPY WHEN...

MY GREATEST STRENGTH IS...

A WEAKNESS I HAVE IS...

WHEN I NEED HELP I...

MY PROUDEST ACCOMPLISHMENT IS...

IN THE SUMMERS I...

MY PERFECT DAY WOULD INCLUDE...

I GET FRUSTRATED WHEN...

I WOULD DESCRIBE MYSELF AS...

THE REASON I WANT TO ATTEND CRMS IS...



ENGLISH TEACHER RECOMMENDATION FORM

TO THE STUDENT Please complete the information below and give this form to your English teacher along with a stamped envelope addressed to the CRMS Admission Office.

NAME OF STUDENT _____

APPLICANT TO GRADE _____

IN SEPTEMBER _____

TO THE PARENT/GUARDIAN Please read and sign the following statement. I acknowledge that I waive my right to read the confidential teacher recommendation for the student listed above.

PARENT NAME _____

SIGNATURE _____

DATE _____

PARENT PHONE _____

PARENT EMAIL _____

TO THE TEACHER The purpose of this recommendation is to assist CRMS with the admission decision and, if the student is admitted and enrolled, to aid the school with rooming assignments, course placements, and counseling. Whatever information and insight you can provide will be greatly appreciated. This information should be completed and returned to the CRMS Admission Office. Please be assured that your recommendation will be kept in the strictest confidence. Thank you for your help. **If you are unfamiliar with CRMS, please feel free to visit our website www.crms.org or call the admission office to learn more.**

TEACHER'S NAME (please print) _____

TITLE _____

SCHOOL _____

HOW WELL DO YOU KNOW THE STUDENT ACADEMICALLY? _____

AS A PERSON? _____

IN WHAT YEARS DID YOU TEACH THE STUDENT? _____

HOW LARGE WAS THE CLASS? _____

WHAT COURSE(S)? _____

BRIEFLY DESCRIBE YOUR COURSE. IT IS ESPECIALLY HELPFUL TO KNOW WHAT TEXTS ARE USED AND IF THE STUDENTS ARE GROUPED BY ABILITY.

PLEASE DESCRIBE THE STUDENT'S READING COMPREHENSION AND FLUENCY OF READING.

HOW WELL DOES THE STUDENT WRITE IN COMPARISON TO OTHER STUDENTS WHOM YOU HAVE TAUGHT?

PLEASE BE SPECIFIC ABOUT AREAS OF STRENGTH AND WEAKNESS.

WHAT ARE THE FIRST THREE WORDS THAT COME TO MIND TO DESCRIBE THIS STUDENT?

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you may have taught. If you have no basis for judgment, do not hesitate to say so.

	ONE OF THE TOP FEW I HAVE EVER ENCOUNTERED	EXCELLENT TOP 10% THIS YEAR	GOOD ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT
ACADEMIC POTENTIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACADEMIC ACHIEVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTELLECTUAL CURIOSITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFFORT/DETERMINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO WORK INDEPENDENTLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORGANIZATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CREATIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WILLINGNESS TO TAKE INTELLECTUAL RISKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCERN FOR OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HONESTY/INTEGRITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-ESTEEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY (RELATIVE TO AGE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPECT ACCORDED BY FACULTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPECT ACCORDED BY PEERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMOTIONAL STABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL EVALUATION AS A STUDENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF THE STUDENT IS RELATIVELY WEAK OR STRONG IN ANY AREAS LISTED ABOVE, PLEASE ELABORATE.

PLEASE COMMENT ON THIS STUDENT'S CHARACTER, CITIZENSHIP, AND CONTRIBUTIONS TO YOUR COMMUNITY.

PLEASE ADD ANY ADDITIONAL INFORMATION THAT WILL GIVE US A MORE COMPLETE PICTURE OF THE STUDENT.

Thank you for taking your valuable time to complete this application. Your reflections are an important part of the student's application.

SIGNATURE

DATE

TELEPHONE

MAILING ADDRESS

EMAIL ADDRESS



MATH TEACHER RECOMMENDATION FORM

TO THE STUDENT Please complete the information below and give this form to your Math teacher along with a stamped envelope addressed to the CRMS Admission Office.

NAME OF STUDENT _____

APPLICANT TO GRADE _____

IN SEPTEMBER _____

TO THE PARENT/GUARDIAN Please read and sign the following statement. I acknowledge that I waive my right to read the confidential teacher recommendation for the student listed above.

PARENT NAME _____

SIGNATURE _____

DATE _____

PARENT PHONE _____

PARENT EMAIL _____

TO THE TEACHER The purpose of this recommendation is to assist CRMS with the admission decision and, if the student is admitted and enrolled, to aid the school with rooming assignments, course placements, and counseling. Whatever information and insight you can provide will be greatly appreciated. This information should be completed and returned to the CRMS Admission Office. Please be assured that your recommendation will be kept in the strictest confidence. Thank you for your help. **If you are unfamiliar with CRMS, please feel free to visit our website www.crms.org or call the admission office to learn more.**

TEACHER'S NAME (please print) _____

TITLE _____

SCHOOL _____

HOW WELL DO YOU KNOW THE STUDENT ACADEMICALLY? _____

AS A PERSON? _____

IN WHAT YEARS DID YOU TEACH THE STUDENT? _____

HOW LARGE WAS THE CLASS? _____

WHAT COURSE(S)? _____

BRIEFLY DESCRIBE YOUR COURSE. IT IS ESPECIALLY HELPFUL TO KNOW WHAT TEXTS ARE USED AND IF THE STUDENTS ARE GROUPED BY ABILITY.

NEXT YEAR, WHAT MATH COURSE WOULD BE THE MOST APPROPRIATE PLACEMENT FOR THE STUDENT?

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you may have taught. If you have no basis for judgment, do not hesitate to say so.

	ONE OF THE TOP FEW I HAVE EVER ENCOUNTERED	EXCELLENT TOP 10% THIS YEAR	GOOD ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT
KNOWLEDGE OF THE BASIC SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCURACY IN THE USE OF BASIC SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROBLEM SOLVING ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REASONING ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNDERSTANDING OF AND APPRECIATION FOR THE UNDERLYING IDEAS AND CONCEPTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFFORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WILLINGNESS TO ACCEPT THE CHALLENGE OF THE MORE DIFFICULT PROBLEMS AND EXERCISES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMAND OF MATHEMATICS WHEN COMPARED TO OTHER STUDENTS WHOM YOU HAVE TAUGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACADEMIC POTENTIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACADEMIC ACHIEVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTELLECTUAL CURIOSITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFFORT/DETERMINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO WORK INDEPENDENTLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORGANIZATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CREATIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WILLINGNESS TO TAKE INTELLECTUAL RISKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCERN FOR OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HONESTY/INTEGRITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-ESTEEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY (RELATIVE TO AGE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPECT ACCORDED BY FACULTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPECT ACCORDED BY PEERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMOTIONAL STABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL EVALUATION AS A STUDENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF THE STUDENT IS RELATIVELY WEAK OR STRONG IN ANY AREAS LISTED ABOVE, PLEASE ELABORATE.

PLEASE COMMENT ON THIS STUDENT'S CHARACTER, CITIZENSHIP, AND CONTRIBUTIONS TO YOU COMMUNITY.

PLEASE ADD ANY ADDITIONAL INFORMATION THAT WILL GIVE US A MORE COMPLETE PICTURE OF THE STUDENT.

Thank you for taking your valuable time to complete this application. Your reflections are an important part of the student's application.

SIGNATURE _____ DATE _____ TELEPHONE _____

MAILING ADDRESS _____ EMAIL ADDRESS _____

PRINCIPAL/HEAD/COUNSELOR RECOMMENDATION FORM

TO THE STUDENT Please complete the information below and give this form to your Principal/Head/Counselor along with a stamped envelope addressed to the CRMS Admission Office.

NAME OF STUDENT _____

APPLICANT TO GRADE _____

IN SEPTEMBER _____

TO THE PARENT/GUARDIAN Please read and sign the following statement. I acknowledge that I waive my right to read the confidential teacher recommendation for the student listed above.

PARENT NAME _____

SIGNATURE _____

DATE _____

PARENT PHONE _____

PARENT EMAIL _____

TO THE PRINCIPAL/HEAD/COUNSELOR The purpose of this recommendation is to assist CRMS with the admission decision and, if the student is admitted and enrolled, to aid the school with rooming assignments, course placements, and counseling. Whatever information and insight you can provide will be greatly appreciated. This information should be completed and returned to the CRMS Admission Office. Please be assured that your recommendation will be kept in the strictest confidence. Thank you for your help. **If you are unfamiliar with CRMS, please feel free to visit our website at www.crms.org or call the admission office to learn more.**

YOUR NAME (please print) _____

TITLE _____

SCHOOL _____

HOW WELL DO YOU KNOW THE STUDENT ACADEMICALLY? _____

AS A PERSON? _____

PLEASE SUBMIT THESE MATERIALS WITH THIS RECOMMENDATION

- RECENT TEACHER REPORTS, IF ANY
- STANDARDIZED TEST SCORES
- A SCHOOL PROFILE, IF AVAILABLE
- FINAL OR MID-SEMESTER GRADES FOR CURRENT TERM
- IF THE STUDENT'S ATTENDANCE RECORD IS NOT LISTED ON THE TRANSCRIPTS,
PLEASE INDICATE THE NUMBER OF DAYS HE OR SHE HAS BEEN ABSENT OR TARDY EACH YEAR WHILE AT YOUR SCHOOL.

IF THE STUDENT IS NOT, OR HAS NOT BEEN, IN GOOD ACADEMIC STANDING, PLEASE EXPLAIN.

HAS THE STUDENT EVER BEEN DISMISSED, SUSPENDED, PLACED ON PROBATION, OR RECEIVED OTHER SERIOUS DISCIPLINARY SANCTION? YES NO

HAS HE OR SHE WITHDRAWN FROM SCHOOL VOLUNTARILY FOR AN EXTENDED PERIOD OF TIME FOR REASONS OTHER THAN HEALTH? YES NO

IF THE ANSWER TO EITHER OR BOTH OF THESE QUESTIONS IS YES, PLEASE PROVIDE A FULL EXPLANATION ON A SEPARATE PIECE OF PAPER.

WHAT ARE THE FIRST THREE WORDS THAT COME TO MIND TO DESCRIBE THIS STUDENT?

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you may have taught. If you have no basis for judgment, do not hesitate to say so.

	ONE OF THE TOP FEW I HAVE EVER ENCOUNTERED	EXCELLENT TOP 10% THIS YEAR	GOOD ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT
ACADEMIC POTENTIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACADEMIC ACHIEVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTELLECTUAL CURIOSITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFFORT/DETERMINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO WORK INDEPENDENTLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORGANIZATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CREATIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WILLINGNESS TO TAKE INTELLECTUAL RISKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCERN FOR OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HONESTY/INTEGRITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-ESTEEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY (RELATIVE TO AGE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPECT ACCORDED BY FACULTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPECT ACCORDED BY PEERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMOTIONAL STABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL EVALUATION AS A STUDENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF THE STUDENT IS RELATIVELY WEAK OR STRONG IN ANY AREAS LISTED ABOVE, PLEASE ELABORATE.

PLEASE COMMENT ON THIS STUDENT'S CHARACTER, CITIZENSHIP, AND CONTRIBUTIONS TO YOUR COMMUNITY.

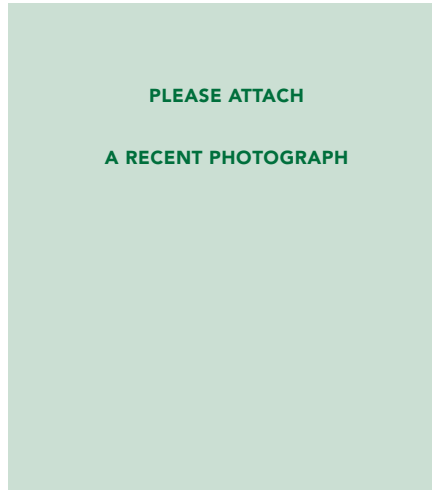
PLEASE ADD ANY ADDITIONAL INFORMATION THAT WILL GIVE US A MORE COMPLETE PICTURE OF THE STUDENT.

Thank you for taking your valuable time to complete this application. Your reflections are an important part of the student's application.

SIGNATURE _____ DATE _____ TELEPHONE _____

MAILING ADDRESS _____ EMAIL ADDRESS _____

PHOTO



PLEDGE

My signature indicates that all of the information submitted is factually correct, complete, and honestly presented.
The written answers represent my own work and have not been edited by others.

APPLICANT SIGNATURE

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

FEE INFORMATION

A non-refundable fee of \$50 for domestic applicants and \$150 for international applicants should be submitted with the application.

MAIL TO

COLORADO ROCKY MOUNTAIN SCHOOL | ADMISSION OFFICE
1493 COUNTY ROAD 106 | CARBONDALE, CO 81623
TEL (970) 963-2562 | FAX (970) 963-9865
EMAIL ADMISSION@CRMS.ORG
WWW.CRMS.ORG

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OUR MISSION

Colorado Rocky Mountain School cultivates a learning environment in which students discover their potential to excel as individuals, contribute to their communities, and participate thoughtfully in the world we share.

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