

# THE APPLICATION



**CRMS**

EDUCATION  
INSIDE AND OUT

## OUR MISSION

Colorado Rocky Mountain School challenges students to excel in a college preparatory academic curriculum balanced within a program of the arts, athletics, physical work, service to the community, and enriching wilderness experience.



# 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 interview can be arranged.)

### Testing

All applicants are required to take the Secondary School Admission Test (SSAT) or the Independent School Entrance Exam (ISEE) and have the scores 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.crms.org](http://www.crms.org), or by calling 609-683-4440. Students applying for the 11th grade may submit SSAT, PSAT, or SAT scores. Additionally, non-native English speaking applicants must take the Test of English as Foreign Language (TOEFL). 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 in the student's own handwriting.

## 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 an application packet.

### Application Fee

A non-refundable fee of \$50 for domestic applicants and \$100 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
PRIMARY EMAIL		SECONDARY EMAIL (IF APPLICABLE)		
HOME TELEPHONE (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
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
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/PAROCHIAL  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 \$100 USD



# STUDENT QUESTIONNAIRE

## PART ONE | ESSAYS

On a separate sheet of paper, please write essays on **two** of the following topics. Please use ink and write in your own handwriting. 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, but upon reflection you learned from the situation and are better for it.
- 2 Describe your family and your role within the family dynamic.
- 3 What reading have you done on your own that you particularly enjoyed during the past year? Describe why you enjoyed it.
- 4 What makes you the interesting person that you are? (Be sure to include the qualities you like best about yourself).

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

## PART TWO | SHORT ANSWER QUESTIONS

Please respond to the questions listed below in your own handwriting. 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 three years.

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List and describe your level of interest and participation in community service or volunteer work.

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Please describe any leadership positions you have held at your school during the last three years.

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

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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?
(for example) SKIING	4	CLUB TEAM	YES
(for example) GUITAR	2	WEEKLY LESSONS, BAND AT SCHOOL	YES

Please complete the following sentences in your own handwriting

I FEEL MOST COMFORTABLE...

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I'M UNCOMFORTABLE...

---

I ADMIRE...

---

SOMETHING SURPRISING ABOUT MYSELF IS...

---

PEOPLE THINK THAT I'M...

---

SUNDAYS...

---

WHEN I WAS YOUNGER...

---

MY GREATEST STRENGTH...

---

MY GREATEST WEAKNESS...

---

MY PROUDEST ACCOMPLISHMENT IS...

---

I WORRY...

---

I SECRETLY...

---

I WOULD CHANGE...

---

WHAT ANNOYS ME...

---

AFTER COLLEGE, I WOULD LIKE TO...

---

MY FAVORITE WEB SITE IS...

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# 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 \_\_\_\_\_

**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](http://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.

\_\_\_\_\_

\_\_\_\_\_

HOW ACCURATELY DOES THE STUDENT READ AND UNDERSTAND WHAT HE OR SHE HAS READ?

\_\_\_\_\_

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 \_\_\_\_\_

**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](http://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 PROBLEM 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.

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

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

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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 \_\_\_\_\_

**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 [www.crms.org](http://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

PLEASE ATTACH  
A RECENT PHOTOGRAPH

# 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.

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APPLICANT SIGNATURE

DATE

---

SIGNATURE OF PARENT OR GUARDIAN

DATE

---

# FEE INFORMATION

**A non-refundable fee of \$50 for domestic applicants and \$100 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](mailto:ADMISSION@CRMS.ORG)  
[WWW.CRMS.ORG](http://WWW.CRMS.ORG)

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**OUR MISSION**

Colorado Rocky Mountain  
School challenges students  
to excel in a college preparatory  
academic curriculum balanced  
within a program of the arts,  
athletics, physical work,  
service to the community,  
and enriching wilderness  
experience.