

It is the supreme art of the teacher to awaken joy in creative expression and knowledge.

~ Albert Einstein ~



Adelphi Academy of Brooklyn

FORM C

CONFIDENTIAL SCHOOL REPORT ON APPLICANT

To the Head of: _____
Name of School

School Address: _____
Street City State Zip Code

_____ presently in your _____
Name of Applicant Grade of Applicant

has applied for admissions to Adelphi Academy of Brooklyn. In order to make a fair evaluation of this student's probability for success in our Academy, the Office of Academy Admissions needs to have accurate knowledge regarding this student's past school performance. We would appreciate it if you, or someone designated by you would complete this form and return it to us at your earliest convenience. All information will be held in strict confidence and will be used only for the purposes of admissions.





Thank you in advance for your assistance.

Parent/Guardian Request and Waiver

I hereby request that _____ release my child's academic
Name of School
records, transcripts, standardized testing and examination scores, attendance/tardy records, health/medical records, disciplinary/behavioural records, community/school service records educational evaluations and/or IEPs and all other pertinent information regarding my child to Adelphi for admissions purposes. Please forward all information to The Office of Academy Admissions, Adelphi Academy of Brooklyn, 8515 Ridge Boulevard, Bay Ridge Brooklyn, New York 11209-4307.

Signature of parent/guardian: _____ Dated: _____

Adelphi Academy of Brooklyn
8515 Ridge Boulevard
Bay Ridge Brooklyn, New York 11209-4307

Phone: 718.238.3308 / Fax: 718.238.2894
adelphi.org / admissions@adelphi.org
Follow us @ adelphiacademy    

Subject Area	Current Year Grade: _____ <i>(Please provide most recent mark)</i>	Last Year Grade: _____
English		
Mathematics		
Science		
History		
Foreign Language		
Other		

Marking System: Is this student in an honors or advanced group?

Yes: _____ No: _____ Honors Grade: _____

Not Available: _____ Passing Grade: _____

How would you rank this student compared to the rest of the students at your school?

Top 2% _____ Top 10% _____ Top 25% _____ Top 50% _____

I.Q. / Aptitude Tests	Date	Grade	I.Q. Score	Percentile	Achievement Test Date

Please comment on the following traits, characteristics, and activities of the applicant.

1. **Personal Traits** (*citizenship, responsibility, leadership, conduct and cooperation, character and integrity, initiative and drive, acceptance by peers, maturity and emotional stability*):

2. **Academic Characteristics** (*work habits, intellectual curiosity, reading skills and achievement in relation to potential*):

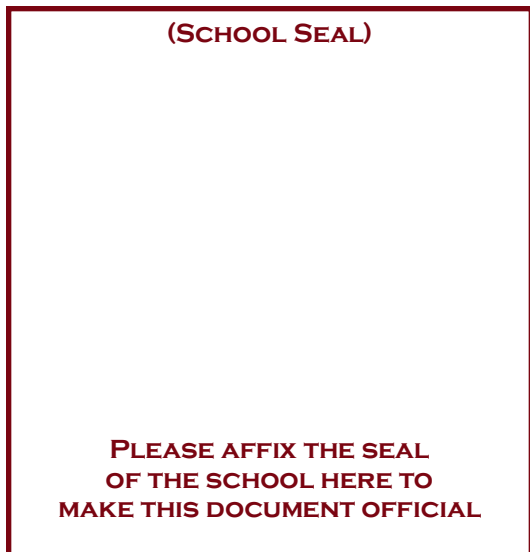
3. **Participation and Proficiency in Extra-Curriculum** (*athletics, fine arts, school publications, student government, school spirit, community and school service, community activities, hobbies and jobs*):

Please provide any additional information that might assist the Academy Admissions Office or that might be useful in helping the applicant if he/she is accepted to Adelphi. Please feel free to include any additional comments or records. (*special aptitudes or talents, family situations, hardship, behavioural episodes, or functional disabilities*):

Overall recommendations for acceptance to Adelphi:

- _____ *Enthusiastically Recommended*
- _____ *Confidently Recommended*
- _____ *Recommended*
- _____ *Recommended with Reservations (please explain)*
- _____ *Not Recommended (please explain)*

Thank you for your assistance. Kindly return this form at your earliest convenience to:



Adelphi Academy of Brooklyn
The Office of Academy Admissions
8515 Ridge Boulevard
Bay Ridge Brooklyn, New York 11209-4307

Signed: _____

Position: _____

Date: _____