■ Bard College at Simon's Rock | The Early College

Office of Admission

APPLICATION FOR ADMISSION

84 Alford Road Great Barrington, MA 01230-1978		Phone: 800-235-7186 Fax: 413-541-0081 E-mail: admit@simons-rock.edu Applying to enter in: ☐ Fall (August) ☐ Spring (January) 20					
School Report	Applying for: ☐ Priority Decision (February 1)	☐ Regular Decision (May 1)					
To the Applicant: Please print this form, complete and sign the	e top section, then give it to your guidance or college counselor.						
Legal Name							
Last/Family/Sur Preferred First Name	First/Given Date of I	<i>Middle</i> Birth					
Phone	Email						
so that my application may be reviewed for admission	e school to release all requested records covered under the Family Educational n by Bard College at Simon's Rock. I further authorize the admission officers revy have questions about the school forms submitted on my behalf.						
\square Yes, I do waive my right to view this α	document. \square No, I do not waive my right to view this docume	ent.					
Applicant's Electronic Signature	Date						
Counselor's Name Mr./Mrs./Ms./Dr. Recommender's Phone () Area/City Code No.	vide all available information for this applicant and sign below. Counselor's Title Counselor's Email Extension						
About Your School:	0550 114						
School Name	CEEB/AC	CT Code					
School Address Number	and Street						
, ,	State/Province Zip/Postal Code Country Independent/Non-Religious Religious Affiliation (specify) y association)	County/Parish					
Grade Levels served (e.g., 9-12) Enrollm	ent in all grades						
Grade Scale (please indicate the numeric ra	inge for each letter grade): ABCD_	F					
School passing mark Highest GPA possik	ole						
Date final grades are available: 1rst Semes	rer/Trimester2nd Semester/Trimester	3rd Trimester					
Percentage of graduating class attending: _	four-yeartwo-yearout-of-state instituti	ons					
How many courses does your school offer?	AP IB Honors						
	may take in a given year, please list the maximum allowed:						
AP IB Honors	_						
Ara classes takan on a block schadula?	VAC I I NO						

About the Applicant:									
Class rankin a class	of, covering a period from		od from	(mm/yyyy)	to	 mm/yyyy)			
The rank is \square weighted \square unweigh	ted. How many	/ additional	students share	this rank?_	()))))		, , , , , , , , , , , , , , , ,		
If a precise rank is not available, ple	ease indicate ra	ank to the r	nearest tenth fro	om the top					
Cumulative GPAon	ascale, covering a period from_			period from_	(mm/yyyy)				
This GPA is □ weighted □ unweighted. Highest grade/GPA in class							mm/yyyy)		
			I CIdSS						
Is the applicant an IB Diploma candidate	-								
In comparison with other college prepara	atory students	at your sch	ool, the applica	nt's course s	selection is:				
☐ most demanding ☐ very deman	iding dem	anding	average \square belo	ow average					
What words fist come to mind when you thin	nk of this studer	nt?							
How long have you known this student and in what context?									
Rating									
Compared to other students to whom yo	u have taught	class, how	do you rate this	s student in	terms of:				
				Very Good			One of the top		
No basis	Below average	Average	Good (above average)	(well above average)	Excellent (top 10%)	Outstanding (top 5%)	few encountered in my career		
Academic Ability			((,	(Aprily)	,		
Work Habits									
Extracurricular Accomplishments									
Personal Qualities and Character									
le this student in good goodemic standi	ag2 □ Voo □	∃No If no	nloggo gynlain						
Is this student in good academic standing	ig? ∟ tes ∟	INO II IIO,	piease expiairi.						
Has the applicant ever been found response	onsible for a di	isciplinary v	violation at your	school from	the 7th grade	(or the interna	tional		
equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in a disciplinary action? These									
actions could include, but are not limited to, probation, suspension, removal, dismissal, or expulsion from your institution. □ Yes □ No □ School policy prevents me from responding									
If you answered "yes" to any of the above			·h a senarate sh	neet of nanei	Or LISE VOLIT W	ritten recomm	endation to give		
the approximate date of each incident a				ισοι οι ραροι	or doo your w		oridation to give		
Please indicate whether these comment	ts come from	□ persona	al knowledge of	the student	or \square written re	ecord.			
Please note: Applicants are expected to	immediately n	otify the ad	mission office s	should there	hy any change	s to the inform	nation requested		
in this application, including disciplinary		oury tho do		niodia trioro	by arry oriarigo		iation roquotiou		
☐ Check here if you would prefer to dis	cuss this appli	cant over th	ne phone with t	he admissio	n office.				
EVALUATION (OPTIONAL)									

Please write whatever you think is important about this student, including a description of academic and personal characteristics. We are particularly interested in the applicant's intellectual promise, motivation, maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, enthusiasm, concern for others, respect accorded by faculty, and reaction to setbacks. We welcome information that will help us to differentiate this student from others. We especially welcome a broad-based assessment, and encourage you to consider describing or addressing:

- The applicant's academic, extracurricular and personal characteristics.
- Relevant context for the applicant's performance and involvement, such as particularities of family situation or responsibilities, after-school work obligations, sibling childcare or other circumstances, either positive or negative.
- Observed problematic behaviors, perhaps separable from academic performance, that the admission committee should explore

further.

While this evaluation is a required part of every School Report, we recognize that some school counselors face formidable challenges. If your professional circumstances render you unable to provide substantive written comments about this student, and if you are unable to substitute another school official's statement in its place, please help us better understand your situation by checking one or both of the statements below:

- () I do not have sufficient personal knowledge of this student.
- () The demands of my counseling load do not afford me sufficient time.

Please note that if a box is checked, we may contact the student, explain that the box was checked, and request a substitute academic recommendation from a teacher.

Signature Date