

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

Office of Admission  
84 Alford Road  
Great Barrington, MA 01230-1978

APPLICATION FOR ADMISSION  
Phone: 800-235-7186 Fax: 413-541-0081  
E-mail: [admit@simons-rock.edu](mailto:admit@simons-rock.edu)

Applying to enter in: ☐ Fall (August) ☐ Spring (January) 20\_\_\_\_\_  
Applying for: ☐ Priority Decision (February 1) ☐ Regular Decision (May 1)

## School Report

### To the Applicant:

Please print this form, complete and sign the top section, then give it to your guidance or college counselor.

Legal Name \_\_\_\_\_  
*Last/Family/Sur First/Given Middle*  
Preferred First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

PRIVACY NOTICE: By signing this form, I authorize the school to release all requested records covered under the Family Educational Rights and Privacy Act (FERPA) so that my application may be reviewed for admission by Bard College at Simon's Rock. I further authorize the admission officers reviewing my application to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf.

☐ Yes, I do waive my right to view this document. ☐ No, I do not waive my right to view this document.

Applicant's Electronic Signature \_\_\_\_\_ Date \_\_\_\_\_

### To the Secondary School Guidance Counselor:

Attach applicant's official transcript, including courses in progress, a school profile, grading scale, and transcript legend. (Please check transcript copies for readability.) Please provide all available information for this applicant and sign below.

Counselor's Name Mr./Mrs./Ms./Dr. \_\_\_\_\_ Counselor's Title \_\_\_\_\_  
Recommender's Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Counselor's Email \_\_\_\_\_  
*Area/City Code Number Extension*

### About Your School:

School Name \_\_\_\_\_ CEEB/ACT Code \_\_\_\_\_  
School Address \_\_\_\_\_  
*Number and Street*

*City/Town State/Province Zip/Postal Code Country County/Parish*  
Schhol Type (circle) Public Charter Independent/Non-Religious Religious Affiliation (specify) \_\_\_\_\_  
Home School (specify association) \_\_\_\_\_

Grade Levels served (e.g., 9-12) Enrollment in all grades

Grade Scale (please indicate the numeric range for each letter grade): A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_ F \_\_\_\_\_

School passing mark Highest GPA possible \_\_\_\_\_

Date final grades are available: 1st Semester/Trimester \_\_\_\_\_ 2nd Semester/Trimester \_\_\_\_\_ 3rd Trimester \_\_\_\_\_

Percentage of graduating class attending: \_\_\_\_\_ four-year \_\_\_\_\_ two-year \_\_\_\_\_ out-of-state institutions

How many courses does your school offer? AP \_\_\_\_\_ IB \_\_\_\_\_ Honors \_\_\_\_\_

If school policy limits the number a student may take in a given year, please list the maximum allowed:

AP \_\_\_\_\_ IB \_\_\_\_\_ Honors \_\_\_\_\_

Are classes taken on a block schedule? ☐ yes ☐ no

About the Applicant:

Class rank \_\_\_\_\_ in a class of \_\_\_\_\_, covering a period from \_\_\_\_\_ to \_\_\_\_\_  

(mm/yyyy)

(mm/yyyy)

The rank is ☐ weighted ☐ unweighted. How many additional students share this rank? \_\_\_\_\_

If a precise rank is not available, please indicate rank to the nearest tenth from the top \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ on a \_\_\_\_\_ scale, covering a period from \_\_\_\_\_ to \_\_\_\_\_  

(mm/yyyy)

(mm/yyyy)

This GPA is ☐ weighted ☐ unweighted. Highest grade/GPA in class \_\_\_\_\_

Is the applicant an IB Diploma candidate? ☐ yes ☐ no

In comparison with other college preparatory students at your school, the applicant's course selection is:

☐ most demanding ☐ very demanding ☐ demanding ☐ average ☐ below average

What words first come to mind when you think of this student?  
\_\_\_\_\_  
\_\_\_\_\_

How long have you known this student and in what context?  
\_\_\_\_\_

Rating

Compared to other students to whom you have taught class, how do you rate this student in terms of:

No basis	Below average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few encountered in my career
Academic Ability							
Work Habits							
Extracurricular Accomplishments							
Personal Qualities and Character							

Is this student in good academic standing? ☐ Yes ☐ No If no, please explain.

Has the applicant ever been found responsible for a disciplinary violation at your school from the 7th grade (or the international 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 questions, please attach a separate sheet of paper or use your written recommendation to give the approximate date of each incident and explain the circumstances.

Please indicate whether these comments come from ☐ personal knowledge of the student or ☐ written record.

Please note: Applicants are expected to immediately notify the admission office should there be any changes to the information requested in this application, including disciplinary history.  
  
☐ Check here if you would prefer to discuss this applicant over the phone with the admission 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.

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*Signature*

*Date*