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

Office of Admission

APPLICATION FOR ADMISSION

34 Alford Road Great Barrington, MA 01230-1978	Applying to ente	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 top section, then give it to your guid	lance or college counselor.					
Legal Name							
Last/Family/Sur Preferred First Name	First/Given	Date of Birth	Middle				
Phone	Email						
PRIVACY NOTICE: By signing this form, I authorize to that my application may be reviewed for admiss officials at my current and former schools should the	ion by Bard College at Simon's Rock. I further au	uthorize the admission officers reviewin					
$\square$ Yes, I do waive my right to view this	document. ☐ No, I do not waive m	ny right to view this document.					
Applicant's Electronic Signature		Date					
ranscript copies for readability.) Please procounselor's Name Mr./Mrs./Ms./Dr.  Recommender's Phone ( )  Area/City Code  About Your School:	Counselor Number Extension	Counselor's Title					
School Name		CEEB/ACT Co	de				
School Address							
Numbe	er and Street						
- , ,	State/Province Independent/Non-Religious Religious cify association)	, , ,	•				
Grade Levels served (e.g., 9-12) Enroll	ment in all grades						
Grade Scale (please indicate the numeric	range for each letter grade): A	BCD	F				
School passing mark Highest GPA poss	sible						
Date final grades are available: 1rst Seme	ester/Trimester2nd Seme	ster/Trimester3rd	d Trimester				
Percentage of graduating class attending:	four-yeartwo-year _	out-of-state institutions					
How many courses does your school offer	? AP IB Honors						
f school policy limits the number a studer  AP IB Honors	nt may take in a given year, please list th	ne maximum allowed:					
Are classes taken on a block schedule? [	□ves □ no						

About the Applicant:								
Class rankin a clas	of, covering a period from		od from	(mm/yyyy)	to	 mm/yyyy)		
The rank is □ weighted □ 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_					
This GPA is □ weighted □ unweighted. Highest grade/GPA in class					(mm/yyyy)		mm/yyyy)	
			I CIdSS					
Is the applicant an IB Diploma candidate	-							
In comparison with other college preparatory students at your school, the applicant's course selection is:								
☐ most demanding ☐ very demanding ☐	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								
Work Habits								
Extracurricular Accomplishments								
Personal Qualities and Character								
Is this student in good academic standing	na2 □Voc □	∃No If no	nlagga avnlgin					
is this student in good academic standing	ig: Lites L	TINO II IIO,	picase expiairi.	•				
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.								
$\square$ Yes $\square$ No $\square$ 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 a				.oot o. papo.	or doo your in		oridation to give	
Please indicate whether these comments come from □ personal knowledge of the student or □ written record.								
Please note: Applicants are expected to	immediately n	otify the ad	mission office s	should there	by any change	s to the inform	nation requested	
in this application, including disciplinary		,			,,			
☐ 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.

Signature Date