



# THE MEADOWS SCHOOL

## Confidential School Report

### Grades 1-12 Applicants

**Instructions for parent/guardian:** Please give this form to a Principal, Head of School, Counselor, or other authorized school official after signing and dating below.

I hereby waive my right of access to this document as well as my child's right. I understand that this document will not become a part of his or her permanent file, nor will this information be forwarded to any other institution.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The below to be completed by the Principal, Head of School, Counselor or other authorized school official.**

The Meadows School is a comprehensive college preparatory school educating students in pre-k through grade 12. The school strives to inspire ambitious students to love and respect higher learning, to passionately serve their communities, and to lead meaningful lives as citizens of a global society. The school seeks students who will benefit from and contribute to our structured academic program and robust extracurricular offerings.

Thank you for completing this form. Your responses are an important part of learning more about the applicant.

Applicant's Full Name: \_\_\_\_\_

Name of Current School: \_\_\_\_\_

School Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Applicant's Current Grade: \_\_\_\_\_ Number of students in applicant's grade: \_\_\_\_\_

Please comment on the family's relationship with your school and their expectations:

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Has the applicant ever been dismissed, suspended, placed on probation from school, or incurred serious disciplinary action? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain on a separate document.

If an attendance record is not part of your school's transcript, please indicate:

Number of days the applicant has been absent while at your school this year: \_\_\_\_\_

Number of days the applicant has been tardy at your school this year: \_\_\_\_\_

Please rate this applicant in relations to other students in his/her age group at your school:

	Superior	Good	Average	Below Average	Poor
Academic Potential					
Academic Drive					
Conduct					
Respect Accorded by Faculty					
Respect Accorded by Peers					
Overall					

Please submit any additional comments which you feel would benefit us:

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Upon completion of this form, please sign and email it to the Associate Director of Admissions, Ana Orsini, at [aorsini@themeadowsschool.org](mailto:aorsini@themeadowsschool.org). All information that you provide will be kept confidential to the extent the law allows and will not be retained as part of the student's permanent record. On behalf of our school and the student, we would like to thank you for your cooperation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

If we have additional questions, may we contact you? Yes \_\_\_\_ No \_\_\_\_