

Please take this form to your child's current teacher. They will return it directly to Girard College.

Full Name of Student \_\_\_\_\_ Grade \_\_\_\_\_  
*(please print)*

I give my permission for the release of academic, behavioral, disciplinary, and social information regarding my child. I understand that the information provided on this form and any attachments will be used in the review of my child's application to Girard.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

### ABOUT GIRARD COLLEGE

Established in 1848 by philanthropist Stephen Girard, Girard College is an independent, coeducational, 5-day boarding school for grades 1-12. Girard's mission is to prepare students for advanced education and life, as informed, responsible, and productive citizens through a rigorous education program that promotes intellectual, social and emotional growth.

Students who attend come from single-parent families with limited financial resources. In addition, they must exhibit the potential for academic achievement and demonstrate age-appropriate behavior.

#### **Students who are accepted to Girard are awarded a full scholarship that includes:**

- Tuition, room and board, meals, books, and school uniforms.
- Residing (during the school week) in single-sex dormitories arranged by grade level. Advisors occupy apartments in the buildings creating a caring, familial atmosphere.
- Small class sizes to allow students to receive individual attention
- A wide range of student activities, such as athletics, music and drama, scouting and service clubs.

#### **Please help us determine if the child applying would be a good fit for our school.**

This form should be mailed **directly to Girard College** (either in the envelope provided or the address listed on back of form) in order to remain confidential. Our Enrollment Management Office does not share the information provided on this form with the applicant or applicant's family.

**PLEASE NOTE:** Girard is not equipped to serve children with significant emotional, behavioral, or academic difficulties. We look for students who are on grade level and currently receiving excellent academic and behavior grades. **Please disclose any pertinent information that may be relevant towards admission consideration.**

*Thank you for taking the time to complete this evaluation. We value your input!* If you desire additional information about Girard College, please call 215-787-2621 or visit our website at [www.girardcollege.edu](http://www.girardcollege.edu)

**General Introduction:**

Current grade: \_\_\_\_\_ School Name: \_\_\_\_\_

School Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ School fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Your Name \_\_\_\_\_ Position \_\_\_\_\_

If applicable: Subject(s) taught \_\_\_\_\_ Email \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

This information is based on (please check all that apply)

- personal knowledge of child
- input from colleagues
- written records

Did child repeat any grades?  yes  no, If yes, which grade: \_\_\_\_\_

Please rate the Parent/Guardian’s support of the child at school:  good  average  poor

**Please check the box (es) that best indicate the instructional placement of the child:**

1.  The student receives regular classroom instruction
2.  The student receives supportive or supplemental intervention in the classroom
3.  The student is “pulled out” for supplemental resource room intervention
4.  The student is in ESOL or bilingual classes
5.  The student receives part or full-time special education services
6.  The student has an Individual Education Plan

*Note: if this applies please include a copy of the IEP with recommendation*

**Please check how you would rate this student:**

How is the child performing in Reading?  above grade level  on grade level  below grade level

		Mastered	Progressing	Not Mastered	No basis for Judgment
<b>Reading</b>	Decoding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Writing</b>	Mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How is the child performing in Math?  above grade level  on grade level  below grade level

		Mastered	Progressing	Not Mastered	No basis for Judgment
<b>Math</b>	Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	-Explains Steps to Solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	-Shows Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	-Reaction to Setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Estimate of Academic Ability:**

	Mastered	Progressing	Not Mastered	No basis for Judgment
Attention skills, concentration, focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates effort & persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resilience/grit/self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Girard College's Core Values**

	Mastered	Progressing	Not Mastered
Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Conduct/Behavior**

	Mastered	Progressing	Not Mastered
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Does this child possess: *Impulsive behavior?*  yes  no  
*Aggressive behavior?*  yes  no

Comments: \_\_\_\_\_

Has the child ever been suspended in or out of school?  yes  no

If yes, why? \_\_\_\_\_ How long? \_\_\_\_\_

**Please respond to the items below.**

1. How would you describe this student?

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2. As a professional in education, do you have any additional information that may be helpful in our evaluation of this student? (i.e. family, social or academic needs)

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**Recommendation: Please check one:**

- I recommend the applicant without reservation
- I recommend the applicant with reservation
- I do not recommend the applicant

May we contact you for further information if necessary?  yes  no

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail, fax, or email completed forms to:

# **GIRARD**

## **COLLEGE**

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Admissions Box #121  
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