



Transcript Release Form

PARENT SECTION

I give permission to (current school): _____

Address: _____

to release all transcripts and school records to Norfolk Collegiate. I waive my right to have access to all records and information submitted for this application.

Student Name: _____ Grade: _____

Parent Signature: _____ Date: _____

After completing this section, please submit the transcript release and teacher recommendation forms to your child's current school. They will return all requested information directly to Norfolk Collegiate.

CURRENT SCHOOL

The student named above is applying for admission to Norfolk Collegiate. Please submit the following (copies only):

- Academic Record
- Standardized Test Scores
- Discipline Record (if applicable)
- Health Record
- Birth Certificate
- I.E.P./504 Plan (if applicable)
- Evaluations (psych-ed, speech, vision, motor, etc.)
- Custody Agreements (if applicable)
- Teacher Recommendation Form (attached)

Please submit directly via e-mail, fax or mail to:

Alexandra Snyder, Lower School Associate Director of Admissions

asnyder@norfolkcollegiate.org

phone: 757-625-0471 x1644

fax: 757-299-3942

Norfolk Collegiate
Lower School Admissions Office
5429 Tidewater Drive
Norfolk, VA 23509

Thank you for your assistance



Confidential Teacher Recommendation Form

Grades 2-5

To the teacher or school director: We appreciate your cooperation in completing this form. This form provides one way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing. This recommendation is confidential. The parent has waived their right to access all records and information submitted with the application.

Name of Student: _____ birthdate: _____

Current grade: _____ I have known this child for _____ years _____ months

Academic Qualities	Excellent	Above Average	Average	Below Average
Listening skills				
Effort, drive				
Study habits				
Curiosity				
Ability to work independently				
Participation in discussion				
Exhibits problem solving abilities				
Ability to express ideals orally				
Follows directions				
Uses suggestions or corrections				
Seeks help when needed				
Sustains attention in small groups				
Sustains attention in large groups				
Creativity and original thinking				
Academic ability				
Stamina				

Please circle the words that best describe the applicant:

- cheerful anxious aggressive articulate disobedient resilient follower
 honest irritable manipulative easily discouraged self-disciplined confident
 motivated responsible perfectionist passive-resistant shy
 self-centered well-liked positive leader negative leader respectful hesitant
 creative organized helpful conscientious curious social

Personal Qualities	Exceeds Expectations	Meets Expectations	Needs Development
Maturity			
Consideration of others			
Social adjustment with peers			
Sense of humor			
Behavior			
Participation in social activities			

To your knowledge, has this child ever been evaluated or provided special consideration for emotional or academic reasons? _____ Yes _____ No _____ Do not know

What are the student's academic strengths, weaknesses and learning style? _____

Is the parent's perception of the child compatible with the school's understanding of the child?

Comments or other information that you believe might be helpful: _____

	Above grade level	On grade level	Below grade level
Writing ability			
Reading comprehension			
Math ability			

Please circle one word below to describe your recommendation for this applicant:

With Enthusiasm Strongly With Reservation Not Recommended

Teacher's Name: _____ Date: _____

School Name _____ Phone number: _____