Gunston

Confidential School Recommendation

This form is to be completed by the Headmaster, Principal, School Registrar, or Secondary School Counselor.

The student whose name appears below has applied for admission to The Gunston School. We would appreciate your completing this recommendation and returning it to us to assist us in admission process. Our policy is to keep this form private and confidential.

Thank you for your time and consideration.

Student	current grade				
Current school					
School address	city	state	zip		
Telephone with area code					
Grading/credit system					
Has the applicant had Psycho-	educational testing within the J	past three years?	Yes	No	
Please describe academic stren	gths and weaknesses.				
Are you aware of any learning If yes, please explain.	differences or difficulties exper	rienced by this stud	lent? 🗌] Yes 🔲 No	

Personal/social information

How long have you known the applicant and in what context?

Please rate the foll	lowing:					
One of the top few I have encountered 5	Excellent (top 10% of this year)		Average 2	Below Average 1	No Basis for Judgement N/A	
-	4	3 Social skills	4	Peer relat		
Community spirit Adult relationships			_ Family relationships		Self-confidence	
-		Integrity			lucilice	
In the last three ye If yes, please comm	ears has the student had nent.	any physical, social	, or emotional	problems? 🗌	Yes 🗌 No	
Has the student ev If yes, please descr	rer been a discipline pro ribe.	oblem? 🗌 Yes 🔲	No			
Strongly	nd this student for admi Fairly stror ate any additional comm	nglyW	ith reservation	.s]	Not recommende	
Plasse type on priz	nt the following inform:	tion				
Trease type of prin	it the following informa					
Name		Position/title at school				
Telephone numbe	er with area code					
Signature			Date	e		
Please send this	FORM DIRECTLY TO:					
The Gunston Scho Attn: Admission (P.O. Box 200 Centreville, MD 2	Office					
Telephone: 410.7	58.0620 / Fax: 410.75	58.0628				
Or send a scanned	l copy to: admission@gu	.nston.org				