APPLICATION



THE TAFT SCHOOL, WATERTOWN, CONNECTICUT 06795

APPLICANT:								
U - mara and discours	FIRST NAME		MIDI	DLE NAME		L	AST NAME	
Home address	STREET	CITY		STATE	E	ZIP	COUNT	RY
Date of birth//	_ □ Male □ Fem	ale 🗆 Nonbinary	Present	grade	_ Em	ail		
Country of citizenship								
Have you applied to Taft	for the 2022–23 s	chool year? 🗆 Ye	es 🗆 No					
PARENT 1:								
	TITLE		FIRST NAM	E		LAST NAME		
Address(IF DIFFERENT THAN ABOVE)	STREET	CITY		STATE	E	ZIP	COUNT	RY
Home phone		_Business phone _				Cell phone		
Email (required)								
PARENT 2:								
			FIRST NAM	E		LAST NAME		
Address(IF DIFFERENT THAN ABOVE)	STREET	CITY		STATE	E	ZIP	COUNT	RY
Home phone						Cell phone		
Email (required)								
PRESENT SCHOOL								
School address								
							COUNT	
School phone			Sch	nool Fax				
Guidance Counselor, Prir	ncipal, or Head of	School						
School you will attend ne	xt fall					School phone		
•		(IF DIFFERENT FROI	M ABOVE)			. —		
HOW DID YOU HEAR ABOU	JT THE SUMMER SO	CHOOL?						
□ Friend □ Family m	iember 🗆 Gui	dance Counselor/T	Teacher	□ Social M	ledia	☐ Taft Admissio	ons Office	☐ Taft Website
☐ Educational Consultan	t	□ Publication	n			□ Other		
Name of any relatives wh								
		2.13.23.13.3.0.			-			



PROGRAM TO WHICH YOU ARE APPLYING:

5 Weeks: June 25-July 29, 2022				
□ YOUNG SCHOLARS (entering grades 7–8, applicants must be 12 years of age by June 1, 2022)	takes two 100-level (major)	ung Scholar or Liberal Studies student and two 200-level (elective) courses.		
□ LIBERAL STUDIES (entering grades 9–12)	Because of the possibility of choices in order of preferer	f a course being filled, please list three nce.		
□ Boarding	100-Level Courses:			
\square prefer a single (depending on availability)	1			
□ prefer a roommate (list special interests below)	2			
	3			
	2001			
	1			
□ Day				
•	3			
2 Weeks: July 11–22, 2022				
Course Selection: Students enrolled in the Writer's Lab and worning and afternoon writing class.	Young Writer's Enrichment Institute wi	ill be automatically pre-registered in a		
□ WRITER'S LAB (entering grades 9–12, U.S. residents only)	☐ YOUNG WRITER'S ENRI (entering grades 7 and 8, U.S.			
\square prefer a single room (depending on availability)	□ prefer a single room (d	lepending on availability)		
\square prefer a roommate (list special interests below)	\square prefer a roommate (list special interests below)			
□ ONLINE YOUNG WRITER'S ENRICHMENT INSTITUTE (ent	ering grades 7 and 8, international stude	ents only)		
SIGNATURE OF PARENT/GUARDIAN	DATE			
THE \$75 NONREFUNDABLE APPLICATION FEE IS PAYABLE BY CHE Please make check payable to <i>Taft Summer School</i> or enter you				
Please charge my: □ Visa □ MC		SUBMIT THE COMPLETED FORM TO: Summer School Admissions		
Card #		The Taft School 110 Woodbury Road		
Exp. DateV-Code		Watertown, CT 06795		
Card Holder		Email: taftschool.leapfile.net (secure file delivery)		

SCHOOL REPORT





TO THE APPLICANT:					
Print your name an	d address below and give t	this form to your guidar	nce counselor, princip	oal, or school hea	ad.
Applicant					
			IDDLE NAME		LAST NAME
Addi ess	STREET	CITY	STATE	ZIP	COUNTRY
□ I give permission	to release my child's trans	cript			
			PAREN	NI SIGNATURE	
TO THE GUIDANCE C	OUNSELOR, PRINCIPAL OR	SCHOOL HEAD:			
up to five hours ead is suited to benefit	ch day and will study for se	everal hours in the eveni emic program. We realiz	ing. We ask your help	in determining	whether the applicant
PLEASE INCLUDE TH	E FOLLOWING:				
1. The applicant's la 2. A brief evaluation		ecially interested in the s	student's initiative, aca	ademic potential,	and overall conduct at your schoo
(Please type or prin	it, and you may attach a se	parate sheet.)			
		R SCHOOL HEAD: ummer School. Our program is an intensive one; students will be in class for several hours in the evening. We ask your help in determining whether the applicant demic program. We realize that writing thoughtful comments takes time; atting this student.			
				LAST NAME ZIP COUNTRY WENT SIGNATURE One; students will be in class for lp in determining whether the applicant ghtful comments takes time;	



Counselor's or School Head's Name	
	Date
Position	
School Name	
	Email
School Address	
	70

Applications are reviewed as they are received; therefore, we request your prompt attention to this recommendation. We cannot decide on the student's application until all forms have been received; late applications could jeopardize a student's chances for admission. Thank you for your help in evaluating this student.

SUBMIT THE COMPLETED FORM

(INCLUDING A COPY OF THE TRANSCRIPT) TO:

Summer School Admissions The Taft School 110 Woodbury Road Watertown, CT 06795

Email: taftschool.leapfile.net (secure file delivery)

Write your name and address below and give this form to your English teacher.





TO THE APPLICANT:

Applicant					
Address	STREET	CITY	STATE	ZIP	COUNTRY
	STREET	CHY	STATE	ZIP	COUNTRY
TO THE TEACHER:					
each day and will stu a concentrated acad student's initiative, w	udy for several hours in t lemic program. Please w villingness to work, acad	the evening. We ask your he rite a brief evaluation of the	elp in determining we student in the space conduct at your sch	whether the app ace below. We ar ool. We would a	be in class for up to five hours licant is suited to benefit from re especially interested in the lso appreciate your input on
We realize that writing	ng thoughtful comments	s takes time; thank you in a	dvance for your hel	p in evaluating t	his student.
(Please type or print,	, and you may attach a s	eparate sheet.)			

LEASE RATE STUDENT BY CHECKING THE AI	PPROPRIATE BOXES BE	LOW:		
				_
. Achievement	Excellent	Good □	Fair □	Poor □
. Attitude	П		П	
. Concern for others	П	П	П	
. Conduct			П	П
. Participation	П	П	П	
. Peer interaction			П	П
Potential				
. Preparation	П		П	
. Response to constructive criticism				
0. Overall evaluation as a student	П			П
o. Overali evaluation as a student			ш	
n what subject do you teach the applicant	?			
low long have you known the applicant? _		·		
eacher's Name				
osition				
chool Name				
hone		Email		
chool Address				
STREET	CITY	STA	ATE ZIP	COUNTRY

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Email: taftschool.leapfile.net (secure file delivery)





TO THE APPLICANT:

write your name and a	address below and give	e this form to one of your	present teachers.		
Applicant					
Address					
	STREET	CITY	STATE	ZIP	COUNTRY
TO THE TEACHER:					
each day and will study a concentrated acaden student's initiative, willi	y for several hours in t nic program. Please wi ngness to work, acadei	he evening. We ask your h rite a brief evaluation of th mic promise, and overall co	elp in determining we student in the spaonduct at your schoo	whether the appose the delow. We a l.	be in class for up to five hours olicant is suited to benefit from re especially interested in the
We realize that writing	thoughtful comments	takes time; thank you in a	idvance for your help	o in evaluating	this student.
(Please type or print, a	nd you may attach a so	eparate sheet.)			

PLEASE RATE STUDENT BY CHECKING THE AI					
1. Achievement	Excellent	Good	Fair	Poor	
1. Achievement 2. Attitude					
	_	_		-	
3. Concern for others					
4. Conduct	_				
5. Participation					
5. Peer interaction					
7. Potential					
3. Preparation					
9. Response to constructive criticism					
10. Overall evaluation as a student					
n what subject do you teach the applicant	?				
How long have you known the applicant? _					
Teacher's Name					
reactier 5 Natifie					
Position					
School Name					
Phone		Email			
School Address					
STREET	CITY	STA	ATE ZIP	COUNTRY	

Applications are reviewed as they are received; therefore, we request your prompt attention to this recommendation. We cannot decide on the student's application until all forms have been received; late applications could jeopardize a student's chances for admission. Thank you for your help in evaluating this student.

_____ Date _____

SUBMIT THE COMPLETED FORM TO:

Summer School Admissions The Taft School 110 Woodbury Road Watertown, CT 06795

Email: taftschool.leapfile.net (secure file delivery)

Teacher's Signature _____