

# APPLY

## How to

### Steps to follow:

1.

Fill out application **Form A**, including your course selections.

2.

Next, ask your parents to sign the form and complete the payment information for the \$50 application fee.

3.

To email a secure file, visit [taftschool.leapfile.net](http://taftschool.leapfile.net) or fax to 860-945-7859.

4.

Ask your teachers, school head, or guidance counselor to complete **Forms B, C, and D** and submit the documents, along with a copy of your **TRANSCRIPT**, to the Summer School office.

*Note: If you applied to Taft for the 2017-2018 academic year, you don't need to send additional recommendations. Simply send Form A, and we'll do the rest.*



### What happens next?

We seek students striving for excellence. The atmosphere at Summer School is informal, but the program is designed with the expectation that you're willing to work hard to enhance your academic profile.

Your application will be evaluated on the basis of your recommendations and academic record. We're particularly interested in students whose enthusiasm will allow them to take full advantage of the program offerings. An interview is not required, but campus visits are always welcome and encouraged. Contact our office, if you would like to schedule a tour.

Once your application is complete, you can expect to hear from our office within a few days. There is no official deadline, and applications are accepted until the program is full. At that point, a waitlist will be established. To ensure that space is available, early application is recommended.

**Go to [taftschool.org/summer](http://taftschool.org/summer) or [facebook.com/taftsummerschool](https://facebook.com/taftsummerschool) for more information.**

**"I want to thank you for your help with the admissions process. I know that I had a lot of questions, and I appreciate your patience."**

**—Cymphonie**



**"Thank you for the time you spent with us during our tour last week. It was very impressive and I really enjoyed it."**

**—Brendan**

# Application



## TAFT SUMMER SCHOOL: July 1-August 4, 2017

THE TAFT SCHOOL, WATERTOWN, CONNECTICUT 06795

**APPLICANT:** \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME

Home address \_\_\_\_\_  
STREET CITY STATE ZIP COUNTRY

Date of birth \_\_\_\_\_  Male  Female Present grade \_\_\_\_\_ Email \_\_\_\_\_

Country of citizenship \_\_\_\_\_ Country of birth \_\_\_\_\_

Do you have a U.S. Green card?  Yes  No Have you applied to Taft for the 2017-18 school year?  Yes  No

### PROGRAM TO WHICH YOU ARE APPLYING:

- Day  Boarding
- Young Scholars (for students entering grades 7, 8 and 9—applicant must be 12 years of age by June 1, 2017)
- Liberal Studies (for students entering grades 10, 11 and 12)

**PARENT 1:** \_\_\_\_\_  
TITLE FIRST NAME LAST NAME

Address \_\_\_\_\_  
(IF DIFFERENT THAN ABOVE) STREET CITY STATE ZIP COUNTRY

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**PARENT 2:** \_\_\_\_\_  
TITLE FIRST NAME LAST NAME

Address \_\_\_\_\_  
(IF DIFFERENT THAN ABOVE) STREET CITY STATE ZIP COUNTRY

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

### PRESENT SCHOOL

School address \_\_\_\_\_  
STREET CITY STATE ZIP COUNTRY

School phone \_\_\_\_\_ School Fax \_\_\_\_\_

Guidance Counselor, Principal, or Head of School \_\_\_\_\_

School you will attend next fall \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE)

### HOW DID YOU HEAR ABOUT THE SUMMER SCHOOL?

- Friend  Family member  Guidance Counselor/Teacher  Taft Admissions Office  Taft Website
- Educational Consultant \_\_\_\_\_  Publication \_\_\_\_\_  Other \_\_\_\_\_  
(PLEASE SPECIFY)

Name of any relatives who have attended The Taft School or The Taft Summer School \_\_\_\_\_

\_\_\_\_\_

# AApplication

## YOUNG SCHOLARS PROGRAM (FOR STUDENTS ENTERING GRADES 7, 8 AND 9):

Each student must take two 100-level (*major*) courses and two 200-level (*elective*) courses. Because of the possibility of a course being filled, please list three choices.

Math course student will be enrolled in next fall: \_\_\_\_\_

100-Level Courses

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

200-Level Courses

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



## LIBERAL STUDIES PROGRAM (FOR STUDENTS ENTERING GRADES 10, 11 AND 12):

Each student must take two 100-level (*major*) courses and two 200-level (*elective*) courses. Because of the possibility of a course being filled, please list three choices in order of preference.

Math course student will be enrolled in next fall: \_\_\_\_\_

100-Level Courses

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

200-Level Courses

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## WOULD YOU LIKE COPIES OF YOUR GRADES AND REPORTS SENT TO ANYONE OTHER THAN YOUR PARENTS? IF SO, WRITE IN NAME AND ADDRESS BELOW.

Name \_\_\_\_\_

School address \_\_\_\_\_  
STREET CITY STATE ZIP COUNTRY

## IF TUITION IS PAID BY SOMEONE OTHER THAN YOUR PARENTS OR GUARDIAN, WRITE IN NAME AND ADDRESS BELOW.

Name \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP COUNTRY

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

## THE \$50 NONREFUNDABLE APPLICATION FEE IS PAYABLE BY CHECK OR CREDIT CARD.

Please make check payable to *Taft Summer School* or enter your credit card information below.

Please charge my:  Visa  MC

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ V-Code \_\_\_\_\_

Card Holder \_\_\_\_\_

## SUBMIT THE COMPLETED FORM TO:

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

Email: [taftschool.leapfile.net](mailto:taftschool.leapfile.net)  
(*secure file delivery*)  
Fax: 860-945-7859

# School Report

## TAFT SUMMER SCHOOL: July 1-August 4, 2017

THE TAFT SCHOOL, WATERTOWN, CONNECTICUT 06795

### TO THE APPLICANT:

Print your name and address below and give this form to your guidance counselor, principal, or school head.

Applicant \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME

Address \_\_\_\_\_  
STREET CITY STATE ZIP COUNTRY

I give permission to release my child's transcript \_\_\_\_\_  
PARENT SIGNATURE

### TO THE GUIDANCE COUNSELOR, PRINCIPAL OR SCHOOL HEAD:

The above student has applied to The Taft Summer School. Our program is an intensive one; students will be in class for up to five hours each day and will study for several hours in the evening. We ask your help in determining whether the applicant is suited to benefit from a concentrated five-week program. We realize that writing thoughtful comments takes time; thank you in advance for your help in evaluating this student.

### PLEASE INCLUDE THE FOLLOWING:

1. The applicant's latest **TRANSCRIPT**.
2. A brief evaluation of the student. We are especially interested in the student's initiative, academic potential, and overall conduct at your school.

(Please type or print, and you may attach a separate sheet.)

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Counselor's or School Head's Name \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_

School Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

School Address \_\_\_\_\_

STREET CITY STATE 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.

**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)  
 Fax: 860-945-7859



# C Teachers Report 1

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PLEASE RATE STUDENT BY CHECKING THE APPROPRIATE BOXES BELOW:

	Excellent	Good	Fair	Poor
1. Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Peer interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Response to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Overall evaluation as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In what subject do you teach the applicant? \_\_\_\_\_

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

Teacher's Name \_\_\_\_\_

Position \_\_\_\_\_

School Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

School Address \_\_\_\_\_  
STREET CITY STATE ZIP COUNTRY

Teacher's Signature \_\_\_\_\_

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.

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# Teachers Report 2

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PLEASE RATE STUDENT BY CHECKING THE APPROPRIATE BOXES BELOW:

	Excellent	Good	Fair	Poor
1. Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Peer interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Response to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Overall evaluation as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In what subject do you teach the applicant? \_\_\_\_\_

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

Teacher's Name \_\_\_\_\_

Position \_\_\_\_\_

School Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

School Address \_\_\_\_\_  
STREET CITY STATE ZIP COUNTRY

Teacher's Signature \_\_\_\_\_

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 TO:**

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