

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 \$75 application fee.

3.

To email a secure file, visit 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 2018-2019 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 or facebook.com/taftsummerschool for more information.

"We are so pleased with the entire experience, from our son's first inquiry, to assistance with the application, the weeks in session with the staff and faculty, the trips and activities, all the way through to the final reports. Thank you to all."

—Heather



"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: June 30–August 3, 2018

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 2018–19 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, 2018)
- 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 _____

Email _____

PARENT 2: _____
TITLE FIRST NAME LAST NAME

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

Home phone _____ Business phone _____ Cell phone _____

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 _____

A Application

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 \$75 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 _____

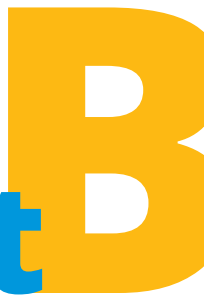
SUBMIT THE COMPLETED FORM TO:

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

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



School Report



TAFT SUMMER SCHOOL: June 30–August 3, 2018

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.)

TSB School Report



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

Teachers Report 1

TAFT SUMMER SCHOOL: June 30–August 3, 2018

THE TAFT SCHOOL, WATERTOWN, CONNECTICUT 06795

TO THE APPLICANT:

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

Applicant _____

Address _____
STREET CITY STATE ZIP COUNTRY

TO THE TEACHER:

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. Please write a brief evaluation of the student in the space below. We are especially interested in the student's initiative, willingness to work, academic promise, and overall conduct at your school. We would also appreciate your input on how adaptable you find this student, particularly if he/she is applying to our residential program.

We realize that writing thoughtful comments takes time; thank you in advance for your help in evaluating this student.

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

C Teachers Report 1



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:

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

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

Teachers Report 2

TAFT SUMMER SCHOOL: June 30–August 3, 2018

THE TAFT SCHOOL, WATERTOWN, CONNECTICUT 06795

TO THE APPLICANT:

Write your name and address below and give this form to one of your present teachers.

Applicant _____

Address _____

STREET CITY STATE ZIP COUNTRY

TO THE TEACHER:

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. Please write a brief evaluation of the student in the space below. We are especially interested in the student's initiative, willingness to work, academic promise, and overall conduct at your school.

We realize that writing thoughtful comments takes time; thank you in advance for your help in evaluating this student.

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

Teachers Report 2



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:

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

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