



**Please fax this form to:**

- Bellevue Campus  
(425) 455-1661
- Kirkland Campus  
(425) 889-1011

## Cedar Crest Academy Application for Enrollment

Parent: Please complete the *upper* portion of this Recommendation form *only*. The rest of the form should be completed and returned (separately from your application) by your child's current teacher or caregiver to the campus to which you are applying.

Applicant's Name \_\_\_\_\_

Applying for: (School Year) \_\_\_\_\_ (Class) \_\_\_\_\_

Teacher/Caregiver: The child listed above has applied for admission to Cedar Crest Academy. We place a high value on the feedback that you, as a teacher/caregiver, can give us regarding this child. Please take the time to give a complete and candid evaluation of this student. Please note that *all of the information provided in this recommendation will be kept completely confidential*.

1. How long have you known the applicant, and in what capacity?
2. Please comment on the applicant's personal strengths.
3. Please comment on the applicant's academic readiness.
4. Please tell us how the applicant responds to both structured and unstructured activities.
5. Have you been successful in working cooperatively with this child's parents?
6. Is there anything special about this child that a new school should know?

7. Please check the adjectives below that describe this child (please check all that apply).

- |                                       |   |                                      |   |                                      |
|---------------------------------------|---|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Cooperative  | <input type="checkbox"/> Resourceful      | <input type="checkbox"/> Withdrawn   | <input type="checkbox"/> Calm           | <input type="checkbox"/> Assertive   |
| <input type="checkbox"/> Organized    | <input type="checkbox"/> Impulsive        | <input type="checkbox"/> Independent | <input type="checkbox"/> Non-Compliant  | <input type="checkbox"/> Creative    |
| <input type="checkbox"/> Able to lead | <input type="checkbox"/> Well-coordinated | <input type="checkbox"/> Anxious     | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Inattentive |
| <input type="checkbox"/> Overactive   | <input type="checkbox"/> Like by peers    | <input type="checkbox"/> Aggressive  | <input type="checkbox"/> Curious        | <input type="checkbox"/> Competent   |
| <input type="checkbox"/> Responsible  |   |                                      |   |                                      |

Thank you for taking the time to complete this application to help acquaint us with this child.

\_\_\_\_\_  
Name of school

\_\_\_\_\_  
Name of teacher

\_\_\_\_\_  
Date