



CEDAR HILL PREP SCHOOL

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Application for Enrollment Part Two | Application for candidates applying for Grade 1 - 4

Confidential recommendation and request for school records.

To Parent/Guardian: Please fill out section A and give it to the child's school to complete and mail to the school.

Section A

Name of student _____ Date of birth _____

I hereby authorize to release my child's school records.

Signed (Parent/Guardian) _____ Date _____

Section B

To the teacher/Counselor/Director: We appreciate your cooperation in providing us with school records and a confidential recommendation for the above named child. Please forward school records or transcripts of evaluations and grades. If the student left before the end of the term, please include grades/evaluations up to the time of withdrawal.

Please include the following items with the recommendation:

- School records/transcripts for the last two years.
- Copies of any standardized test results.
- Independent writing sample (English).
- Mathematics sample on word problems.
- Any other information you consider may be helpful.

Language	Performance				Effort			
	Not yet up to grade level expectations	Meeting grade level expectations	Consistently exceeding expectations	Modified program *	Not applicable	Improved effort needed	Good Effort	Exceptional effort
Reading								
Writing								
Listening								
Speaking								

* Please describe the nature of the modifications.

Independent Reading Level

- Pictures only
 Picture storybooks
 Simple chapter books
 Chapter books

Please include the title, author, and/or reading scheme, and level of a book recently read.

Please describe the child's attitude towards reading _____

Please describe the child's attitude towards writing _____

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Mathematics	Performance					Effort		
	Not yet up to grade level expectations	Meeting grade level expectations	Consistently exceeding expectations	Modified program*	Not Applicable	Improved Effort Needed	Good Effort	Exceptional effort
Number								
Pattern & Function								
Data handling								
Shape & Space								
Problem solving								

* Please describe the nature of the modifications.

Mathematics - Areas covered

- | | | | |
|-----------------------------------|---------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Addition | <input type="checkbox"/> Subtraction | <input type="checkbox"/> Multiplication | <input type="checkbox"/> Division |
| <input type="checkbox"/> Money | <input type="checkbox"/> Place value | <input type="checkbox"/> Whole number | <input type="checkbox"/> Fractions |
| <input type="checkbox"/> Geometry | <input type="checkbox"/> Measurements | <input type="checkbox"/> Graphs | <input type="checkbox"/> Other |

Personal Characteristics

	To Improve	Satisfactory	Good	Excellent	Not Applicable
Works Independently					
Follows directions					
Communicates well with peers					
Communicates well with adults					
Behaves respectfully and appropriately					
Works cooperatively in group situations					
Completes work on time					

What are the student's special interests? _____

Please note any academic, personal and/or behavioral concerns you have about the student _____

Has the student ever received or been recommended for extra support? Yes No

If yes, please explain _____

Has the child ever received: Psychological assessment Yes No Physical Therapy Yes No
 Occupational Therapy Yes No Speech and Language Therapy Yes No

Recommendation

I recommend this applicant for admission Enthusiastically Strongly With reservation Not at all

Name _____ Job Title _____

Email _____ Telephone _____

Signature _____ Date _____

Thank you for completing this confidential recommendation.