



To be completed by a Parent or Guardian before giving it to your student's current school.

Parent/Guardian Instructions:

Student Name: _____ Birth Date: _____ Grade: _____

I hereby authorize the release of the information listed below to Starwood Schools. I acknowledge that I waive my right to read the confidential recommendation and the school report for the student listed above. I hereby authorize the release of information requested about my student's academic and personal records to Starwood Schools.

Parent/Guardian Signature: _____ Date: _____

Registrar's Instructions:

This student has applied for admission to Starwood Schools. Please send complete school records (see more information on record requirements below), including current year to date information.

Thank you for your assistance in the matter. These records must be faxed, emailed, or mailed directly to either Starwood Academy of Frisco or Starwood Montessori School and received by the Admissions Team.

Fax/Email/Mail directly to:

Starwood Academy of Frisco
3443 Lebanon Road
Frisco, TX 75034
Fax: 972-712-5458
Email: admissions@starwoodschoools.com

Starwood Montessori School
6600 Lebanon Rd
Frisco, TX 75034
Fax: (972) 712-5458
Email: admissions@starwoodschoools.com

Record Requirements:

- Grades
- Conference Reports/Progress Reports
- Developmental Checklists
- Standardized Test Scores
- School absences/Tardies
- Current Teacher Comments or Evaluation Forms
- Discipline Reports

Please Return By _____

Student Name: _____ Current Grade: _____ Applying to Grade: _____

Current Teacher:

The student above is applying for admission to Starwood Schools. As part of the admission process, please assess the student as compared with his/her peers. We appreciate your time and effort in completing this evaluation. Be assured that all the information you provide will be held in strict confidence. Once complete, please send the original to either Starwood Academy of Frisco or Starwood Montessori School.

(1 = Below Expectations / 5 = Exceptional)	1	2	3	4	5	No Basis
Social/Emotional Development						
Attention span/ability to stay on task						
Ability to follow instructions						
Ability to complete tasks						
Ability to work in groups						
Attitude towards teachers						
Attitude towards peers						
Attitude of peers towards child						
Accepts consequences of own behavior						
Emotional maturity						
Student's initial adjustment						
Reaction to setbacks						
Response to teacher direction						
Leadership						
Self-discipline						
Qualities of mind						
Family expectations support, attitude towards student						
Language ability						
School Performance						
Fluency in English						
Vocabulary						
Writing skills						
Reading skills						
Oral communication skills						
Mathematical concepts						
Study Habits						
Ability to work independently						
Ability to work with others						
Pattern of completing work on time						
Organization/care of materials						
Prediction of success at next grade level						
Health and Attendance						
General health						
Attendance						
Tardiness						

Please comment on the following (attach a separate sheet, if necessary).

1. What adjectives best describe the student?

2. Student's social and/or emotional development as compared with others of the same chronological age.

3. Please list student's strengths.

4. Please list student's weaknesses.

5. Has outside help, enrichment, tutoring, or testing been recommended? If yes, please elaborate.

Please select from one of the following recommendations:

- Highly Recommend
- Recommend
- Recommend with reservation because _____
- Do not recommend because _____

Thank you for taking the time to submit a recommendation in support of this applicant for admission to Starwood Schools. The information you provide is confidential and will be used only in the selection of candidates. It will not become part of their permanent record and will not be available to the parent/guardian. We ask that you mail or fax this completed form to the Admissions Team. In order for this student to be scheduled for a class visit, all forms must be completed and returned as soon as possible.

This student has been enrolled in this school for _____ year(s). I have known him/her for _____ year(s).

Teacher Name: _____ Title/Position: _____

Teacher Signature: _____ Date: _____

Fax/Email/Mail directly to:

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