

INSTRUCTIONS FOR APPLICANTS

Please print applicant's name and school below. Parent signatures acknowledge Bancroft's expectation that recommendation forms will be given to current teachers, filled out confidentially and returned directly to Bancroft's Admission Office. Give this form along with a stamped envelope addressed to Bancroft School Admission Office to the applicant's current preschool or Kindergarten teacher. For most applicants, this form should be completed no sooner than December 1st and returned to Bancroft by February 1st for first round consideration.

Applicant's Name _____ Applicant's School _____

Parent's Signature _____ Application for: Pre Kindergarten Kindergarten First Grade

INSTRUCTIONS FOR THE TEACHER

This student is a candidate for admission to Bancroft School. Please complete both sides of this form and return it in the envelope provided or directly to: *Bancroft School Admission Office, 110 Shore Drive, Worcester, MA 01605-3198*. For most applicants, this form should be completed no sooner than December 1st. Your responses will be reviewed as part of Bancroft School's admission process, will be held in confidence and will not become part of the candidate's permanent record. Bancroft appreciates the time and effort required to complete this evaluation. Your honest assessment of this student will allow Bancroft's Admission Committee to make decisions that will be in his or her best interest. Thank you!

Days per week enrolled _____ Hours per day _____ Size of group _____ Age range _____

SOCIAL DEVELOPMENT

	A Strength	Age Appropriate	Needs Development	Please Comment:
Can be a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is supportive of peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plays alone happily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cooperates in play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shares well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Initiates play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Uses materials purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exhibits appropriate sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Comfort in classroom setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Transition from home to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has coping skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

PHYSICAL DEVELOPMENT

	A Strength	Age Appropriate	Needs Development	Please Comment:
Small muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Large muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speech development (articulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please identify any special needs, including auditory and visual development: _____

SKILL DEVELOPMENT

	A Strength	Age Appropriate	Needs Development	Please Comment:
Is attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Participates in group discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Demonstrates ability to focus on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SKILL DEVELOPMENT

	A Strength	Age Appropriate	Needs Development	Please Comment:
Respects classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Moves easily from one activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Responds positively to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is willing to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is a self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enjoys new challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exhibits problem-solving abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Expresses ideas well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

APPLICANTS TO FIRST GRADE

Please comment on beginning reading skills: _____

Please comment on beginning math skills: _____

If textbooks are used, please list those for reading and math: _____

Readiness for first grade: _____

APPLICANTS TO KINDERGARTEN

Do you believe that the applicant will be ready to begin a kindergarten program in September? _____

ALL APPLICANTS

Please comment on parental cooperation and involvement with the school: _____

Please list the first adjectives or phrases that come to mind to describe the applicant.

Please comment on the student's strengths, weaknesses, health, or any special needs or concerns of this child and/or family. Please use a separate sheet of paper for additional comments in any category.

Name: _____ School: _____

Position/Title: _____ Street Address: _____

I have known this child _____ years _____ months. City, State, Zip: _____

Date: _____ Email Address: _____ Telephone: _____

Thank you for your assistance!

ABOUT BANCROFT SCHOOL Bancroft, an independent, coeducational, college preparatory day school, prepares talented, well-qualified and motivated college-bound students, kindergarten through grade 12, to pursue and realize their academic, personal and social potential. We provide a comprehensive, caring, and creative curricular and extracurricular program that fosters an experience of excellence for each student. Inspired students, a superior faculty, and engaged families thrive in our diverse, safe, and supportive community. We afford students the opportunity to discover their passion in life and to learn to embrace confidently and responsibly the moral and ethical challenges of being life-long learners, teachers of others, and citizens of an increasingly global community.

Please use the reply envelope provided by the family and return to: **Bancroft School Admission Office, 110 Shore Drive, Worcester, MA 01605-3198**