

Elementary School Application Transcript and Record Release Form

Note: Please submit this directly to your child's current school or teacher

Dear School Admin	strator,	
My child,hereby authorize th	, is an applicant for admission at The Co-op Schoolerelease of my child's school records to The Co-op School.) l.
	st that his/her current teacher,, fill out that recommendation form.	ıe
Please email to:	Jenna Vitale at Jennav@thecoopschool.org	
or Mail to:	The Co-op School Attn: Jenna Vitale 644 Gates Avenue Brooklyn, NY 11221	
	l information shared with The Co-op School will be kept strictly ereby waive my right to see any teacher reports or recommendations	
Parent/Guardian N	me:	
Parent/Guardian Si	gnature:	

The Co-op School does not discriminate on the basis of race, color, creed, or national or ethnic origin. The roster is made based on school and community needs. Spots are first reserved for current Co-op students and then for siblings. Once current students and their siblings have been placed, we then begin to take applicants from our wait pool. Applicants are selected based on classroom needs and selection is made with thoughtful consideration of the classroom dynamic and community, including class balance in terms of age and gender.



Elementary School Application Teacher Recommendation Letter & Checklist

Feacher's Name:
Feacher's Telephone:
Teacher's Email:
Student being recommended:

Thank you for taking a few moments to share your thoughts on this applicant's abilities and motivation. As a teacher, you can help us understand if this applicant is a good fit for The Co-op School. Please return as soon as possible. Thank you for your assistance.

- **Letter** Briefly describe the applicant with particular attention to personal character, learning style, and participation within your classroom and school community.
- **Checklist** In addition to describing the applicant's abilities, we ask that you also complete a short checklist as well. Your comments will become part of the student's admissions file and will remain confidential.

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or

Mail to: The Co-op School

Attn: Jenna Vitale 644 Gates Avenue Brooklyn, NY 11221

Please check the box that best describes the applicant, adding comments whenever possible. Student's Social/Emotional Development									
	Excellent	Good	Fair	Needs Work	Comments				
Sense of responsibility									
Consideration for others									
Peer relationships									
Emotional maturity									
Self-confidence									
Self-control									
Relationship with adults									
tudent's Academi	c Performa	nce	•						
	Excellent	Good	Fair	Needs Work	Comments				
Self motivation									
Organization									
Attention span									
Oral expression									
Asks for help when needed									
Ability to work independently									
Perseverance									
Attendance									

Thank you so much for your time and support of the applicant. Your input is very helpful and will be kept strictly confidential.