



Giffthill School

5000 Estate Enighed, PMB # 356, St. John, VI 00830 ■ 340.776.1730 ■ registrar@giffthillschool.org ■
■ www.giffthillschool.org

SCHOOL RECORDS RELEASE FORM

Student Information

Full Name of Student: _____

Date of Birth: _____ Entering Grade: _____

Parent / Guardian Authorization

In accordance with federal and state laws, I _____ (_____),
Parent / Guardian Name Relationship to Student
hereby authorize:

Last School Attended

Address

Phone E-mail address

to release to Giffthill School all school records including: educational, psychological and disciplinary reports, standardized testing and any other school records pertaining to this student. Records must include most recent report card or transcript.

Giffthill School
5000 Estate Enighed, PMB # 356
St. John, VI 00830
Phone: 340-776-1730
E-mail: registrar@giffthillschool.org

Parent / Guardian Signature

Parent / Guardian Name Date



Giff Hill School

5000 Estate Enighed, PMB # 356, St. John, VI 00830 ■ 340.776.1730 ■ registrar@giffhillschool.org ■
■ www.giffhillschool.org

TEACHER REFERENCE FORM

To the Parent / Guardian: _____

Please read and sign the statement below.

I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student named above.

Name of Parent / Guardian

Signature of Parent / Guardian

Date

To the Applicant: _____

Print your name below and then give this form to your current teacher.

Name of Student

Grade Applying

Date

To the Teacher: _____

The student named above is a candidate for admission to Giff Hill School. Please use both sides of this form to comment candidly on her / his academic and personal qualifications and return it in via e-mail. Your recommendation is vital to our process. If you have any questions please call the school at 340-776-1730. Thank you.

Your Name (please print)

Title/Position

School

How long have you known the student? _____

How well do you know the student academically?
 Very well Fairly well Somewhat Not at all

How well do you know the student as a person?
 Very well Fairly well Somewhat Not at all

What are the first three words that come to mind to describe this student?

1. _____ 2. _____ 3. _____

Please comment on this student's character, citizenship and contributions to your classroom.

TEACHER REFERENCE FORM

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his / her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	Excellent	Good (Above Average)	Average	Poor (Below Average)	No Basis for Judgment
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to take intellectual risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty / Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity (relative to age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional information that will give us a more complete picture of the student.

Please contact me at _____ so I can further elaborate on the responses above.

Thank you for taking your valuable time to complete this evaluation.

Signature

Date

Mailing Address

Email Address

Business Phone