How to



"We are so pleased with the entire experience, from our son's first inquiry, to assistance with the application, the weeks in session with the staff and faculty, the trips and activities, all the way through to the final reports. Thank you to all."

—Heather

Steps to follow:

1.

Fill out application **Form A,** including your course selections.

2.

Next, ask your parents to sign the form and complete the payment information for the \$75 application fee.

3.

To email a secure file, visit **taftschool.leapfile.net** or fax to 860-945-7859.

4.

Ask your teachers, school head, or guidance counselor to complete Forms B, C, and D and submit the documents, along with a copy of your TRANSCRIPT, to the Summer School office.

Note: If you applied to Taft for the 2020–2021 academic year, you don't need to send additional recommendations. Simply send Form A, and we'll do the rest.

What happens next?

We seek students striving for excellence. The atmosphere at Summer School is informal, but the program is designed with the expectation that you're willing to work hard to enhance your academic profile.

Your application will be evaluated on the basis of your recommendations and academic record. We're particularly interested in students whose enthusiasm will allow them to take full advantage of the program offerings. An interview is not required, but campus visits are always welcome and encouraged. Contact our office, if you would like to schedule a tour.

Once your application is complete, you can expect to hear from our office within a few days. There is no official deadline, and applications are accepted until the program is full. At that point, a waitlist will be established. To ensure that space is available, early application is recommended.

Go to taftschool.org/summer or facebook.com/taftsummerschool for more information.



SUMMER @ TAFT

THE TAFT SCHOOL, WATERTOWN, CONNECTICUT 06795

APPLICANT:	FIRST NAME	MIDDLE NAMI		LAST NAME	
lome address		CITY			
		CITY	STATE		COUNTRY
rate of birth/_/_/		Present grade	Email		
ountry of citizenship		Country of bir	th		
lave you applied to Taf	t for the 2020–21 schoo	l year? □ Yes □ No			
ARENT 1:	TITLE	FIRST NAME	LAST NAME		
			LAST NAME		
F DIFFERENT THAN ABOVE)	STREET	CITY	STATE	ZIP	COUNTRY
lome phone	Busines	s phone	Cell phor	ne	
mail (required)					
ARENT 2:					
		FIRST NAME	LAST NAME		
Address F DIFFERENT THAN ABOVE)	STREET	CITY	STATE	ZIP	COUNTRY
lome phone	Business	s phone	Cell phor	ne	
Email (required)					
RESENT SCHOOL					
chool address					
school phone		Scnool Fax			
Guidance Counselor, Pri					
school you will attend n	ext fall	(IE DIFFERENT FROM AROVE)	School p	hone	
		(Z PREM. PROM. NOVE)			
IOW DID YOU HEAR ABO	UT THE SUMMER SCHOO	DL?			
☐ Friend ☐ Family mer	mber 🛮 Guidance Coເ	unselor/Teacher □Soo	cial Media 🛭 Taft Ad	missions Of	ice 🗆 Taft Website
☐ Educational Consultar	nt 🗆 F	Publication	🗆 Other _		
lame of any rolatives w	ho have attended The				
lame of any relatives w	ho have attended The	rait Scribbi or The Tait	Janimer Jenoor		

Application

PROGRAM TO WHICH YOU ARE APPLYING:

5 Weeks: June 27–July 31, 2020	
□ YOUNG SCHOLARS (entering grades 7–8, applicants must be 12 years of age by June 1, 2020)	Course Selection: Each Young Scholar or Liberal Studies student takes two 100-level (major) and two 200-level (elective) courses. Because of the possibility of a course
□ LIBERAL STUDIES (entering grades 9–12)	being filled, please list three choices in order of preference.
□ Boarding	100-Level Courses:
\square prefer a single (depending on availability)	1
\square prefer a roommate (list special interests below)	2
	3
	_ 200-Level Courses:
	_ 1
□ Day	2
	3
 □ WRITER'S LAB (entering grades 9–12, U.S. residents only) □ prefer a single room (depending on availability) □ prefer a roommate (list special interests below) 	be automatically pre-registered in a morning and afternoon writing class.
SIGNATURE OF PARENT/GUARDIAN	DATE
THE \$75 NONREFUNDABLE APPLICATION FEE IS PAYABLE BY CHE Please make check payable to Taft Summer School or enter you	
Please charge my: □ Visa □ MC	
Card #	
Exp. DateV-Code	
Card Holder	110 Woodbury Road Watertown, CT 06795

Email: taftschool.leapfile.net (secure file delivery) Fax: 860-945-7859

School Report

SUMMER @ TAFT

THE TAFT SCHOOL, WATERTOWN, CONNECTICUT 06795

TH (

Print your name an	d address below and give t	his form to your guidance c	ounselor, princip	al, or school	head.
Applicant	FIRST NAME	MIDDLE NAME		LAST NAME	
Address	FIRST NAME	MIDDLE NAME		LAST NAME	
Addi C33	STREET	CITY	STATE	ZIP	COUNTRY
☐ I give permission	to release my child's trans	cript			
			PARENT SIGNAT	URE	
TO THE GUIDANCE O	COUNSELOR, PRINCIPAL OR	SCHOOL HEAD:			
five hours each day suited to benefit fro	and will study for several h	nmer School. Our program nours in the evening. We as ic program. We realize that nt.	k your help in det	termining wh	ether the applicant is
PLEASE INCLUDE TH	E FOLLOWING:				
1. The applicant's la 2. A brief evaluation and overall condi	atest TRANSCRIPT. n of the student. We are esp uct at your school.	pecially interested in the stu	ıdent's initiative,	academic pot	ential,
(Please type or prin	nt, and you may attach a sep	parate sheet.)			

School Report

Counselor's or School Head's Name					
Signature					
Position					
School Name					
Phone					
School Address					
STREET	CITY	STATE	ZIP	COUNTRY	

Applications are reviewed as they are received; therefore, we request your prompt attention to this recommendation. We cannot decide on the student's application until all forms have been received; late applications could jeopardize a student's chances for admission. Thank you for your help in evaluating this student.

SUBMIT THE COMPLETED FORM (INCLUDING A COPY OF THE TRANSCRIPT) TO:

Summer School Admissions The Taft School 110 Woodbury Road Watertown, CT 06795

Email: taftschool.leapfile.net (secure file delivery) Fax: 860-945-7859

SUMMER @ TAFT

THE TAFT SCHOOL WATERTOWN CONNECTICUT 06795

THE TAPT SCHOOL,	WATERTOWN, CONNE	C11C01 00793				
TO THE APPLICANT	:					
Write your name a	nd address below and	d give this form to	your English t	eacher.		
Applicant						
Address	STREET		TITY	STATE	7IP	COUNTRY
TO THE TEACHER:						
five hours each day suited to benefit fr We are especially i school. We would a residential program We realize that wri	y and will study for se fom a concentrated ac interested in the stude also appreciate your i m. ting thoughtful comm	everal hours in the cademic program, ent's initiative, will nput on how adap nents takes time; t	e evening. We a . Please write a lingness to wo ptable you find thank you in ac	ask your help in det I brief evaluation of rk, academic promi I this student, partio	ermining wh f the student se, and overa cularly if he/s	all conduct at your she is applying to our
(Please type or prir	nt, and you may attac	h a separate shee	et.)			

Teachers Report 1

PLEASE RATE STUDENT BY CHECKING THE A	PPROPRIATE BOXES BE	LOW:		
	Excellent	Good	Fair	Poor
1. Achievement			raii 	
2. Attitude				
B. Concern for others				
. Conduct				
5. Participation				
5. Peer interaction				
'. Potential				
. Preparation				
. Response to constructive criticism				
0. Overall evaluation as a student				
n what subject do you teach the applicant	?			
How long have you known the applicant? _				
Feacher's Name				
Position				
OSICIOIT				
chool Name				
hone		Email		
school Address				
School Address	CITY	Sī	TATE ZIP	COUNTRY

Applications are reviewed as they are received; therefore, we request your prompt attention to this recommendation. We cannot decide on the student's application until all forms have been received; late applications could jeopardize a student's chances for admission. Thank you for your help in evaluating this student.

Date

SUBMIT THE COMPLETED FORM TO:

Summer School Admissions The Taft School 110 Woodbury Road Watertown, CT 06795

Email: taftschool.leapfile.net (secure file delivery)

Fax: 860-945-7859

Teachers' Signature ___

SUMMER @ TAFT

THE TAFT SCHOOL, WATERTOWN, CONNECTICUT 06795

ZIP COUNTRY
udents will be in class for up to ning whether the applicant is student in the space below. overall conduct at your school.
valuating this student.
r

Teachers Report 2

PLEASE RATE STUDENT BY CHECKING THE AR	PPROPRIATE BOXES BE	LOW:		
	Excellent	Good	Fair	Poor
1. Achievement				
2. Attitude				
3. Concern for others				
1. Conduct				
5. Participation				
5. Peer interaction				
7. Potential				
3. Preparation				
9. Response to constructive criticism 10. Overall evaluation as a student				
n what subject do you teach the applicant	?			
How long have you known the applicant? _				
Feacher's Name				
Position				
School Name				
Phone				
School Address				

Applications are reviewed as they are received; therefore, we request your prompt attention to this recommendation. We cannot decide on the student's application until all forms have been received; late applications could jeopardize a student's chances for admission. Thank you for your help in evaluating this student.

Date __

SUBMIT THE COMPLETED FORM TO:

Summer School Admissions The Taft School 110 Woodbury Road Watertown, CT 06795

Teachers' Signature ___

Email: taftschool.leapfile.net (secure file delivery)

Fax: 860-945-7859