

## RYE COUNTRY DAY SCHOOL

Office of Admissions
Office of Admissions Supplemental / Co-Curricular Recommendation
OPTIONAL (for ALL applicants)

Recommendation deadline: January 10, 2025

## **PART 1:**

PARENTS/GUARDIANS: After completing Part 1, please give this form to the student's recommender to complete and return directly to Rye Country Day School. Please provide the teacher with a stamped envelope addressed to RCDS (above right). Alternatively, the teacher may scan/email this form to admissions@ryecountryday.org.

Our school does not currently accept the Standard Application Online (SAO) for applicants. However, if you are using the SAO to apply to other schools in the Fairchester Consortium, we will accept copies of the SAO Teacher Recommendation forms. If you wish to send SAO teacher recommendation forms to our school, please request that your teachers email a PDF copy of their completed SAO teacher recommendation form directly to our school at admissions@ryecountryday.org.

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As part of the process for admission, Rye Country Day School (Racknowledge that these recommendations are confidential common waive the right to access this recommendation, and acknowledge consider my/our child without it. I/We also understand that this repermanent record at RCDS if my/our child is accepted and enrolls	that RCDS is relying on this waiver and would not ecommendation will not become part of my/our child's			
Parent/Guardian Name	Date			
PART 2: RECOMMENDER: The Admissions Committee greatly values in applicant. We are grateful to you for candidly sharing your though strict confidence and will not become part of the student's perman additional comments that will help in developing an understanding than January 10, 2025.  Thank you for your cooperation and candor. All RCDS recommendations are considered as a second control of the student's perman additional comments that will help in developing an understanding than January 10, 2025.	nts with us and assure you that all remarks will be held in nent record. Kindly complete this form and add any ag of the applicant. Please complete this form no later			
Co-Curricular Activity				

Number of years you	have worked with	this student:			
Number of years stud	ent has been invol	ved with this activ	ty:		
Level at which student participates, performs or competes:  Beginner Intermediate Advanced					
) Please evaluate the	Exceptional	ollowing categories  Good	<b>:</b> Fair	Poor	Not Known
Degree of talent					
Motivation					
Leadership potential					
Maturity					
Integrity					
Cooperation					
Willingness to support others					
Willingness to work					
Ability to accept instruction					
Ability to accepted criticism					

Any additional comments/remarks? Please use another page, if needed.				
	is applicant/family, please call our office for a confidential			
Name (please print)	Position			
Phone	Date			
Signature				

Please note: This form is due no later than January 10.