

APPLICATION



Summer@TAFT
THE TAFT SCHOOL, WATERTOWN, CONNECTICUT 06795

APPLICANT: _____
FIRST NAME MIDDLE NAME LAST NAME

Home address _____
STREET CITY STATE ZIP COUNTRY

Date of birth / / Male Female Nonbinary Present grade _____ Email _____
M D Y

Country of citizenship _____ Country of birth _____

Have you applied to Taft for the 2022–23 school year? Yes No

PARENT 1: _____
TITLE FIRST NAME LAST NAME

Address _____
(IF DIFFERENT THAN ABOVE) STREET CITY STATE ZIP COUNTRY

Home phone _____ Business phone _____ Cell phone _____

Email (required) _____

PARENT 2: _____
TITLE FIRST NAME LAST NAME

Address _____
(IF DIFFERENT THAN ABOVE) STREET CITY STATE ZIP COUNTRY

Home phone _____ Business phone _____ Cell phone _____

Email (required) _____

PRESENT SCHOOL _____

School address _____
STREET CITY STATE ZIP COUNTRY

School phone _____ School Fax _____

Guidance Counselor, Principal, or Head of School _____

School you will attend next fall _____
(IF DIFFERENT FROM ABOVE) School phone _____

HOW DID YOU HEAR ABOUT THE SUMMER SCHOOL?

Friend Family member Guidance Counselor/Teacher Social Media Taft Admissions Office Taft Website

Educational Consultant _____ Publication _____ Other _____
(PLEASE SPECIFY)

Name of any relatives who have attended The Taft School or The Taft Summer School _____

Apply online at www.taftschool.org/summer/apply

A APPLICATION

PROGRAM TO WHICH YOU ARE APPLYING:

5 Weeks: June 25–July 29, 2022

YOUNG SCHOLARS (*entering grades 7–8, applicants must be 12 years of age by June 1, 2022*)

LIBERAL STUDIES (*entering grades 9–12*)

Boarding

prefer a single (depending on availability)

prefer a roommate (list special interests below)

Day

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 being filled, please list three choices in order of preference.

100-Level Courses:

1. _____

2. _____

3. _____

200-Level Courses:

1. _____

2. _____

3. _____

2 Weeks: July 11–22, 2022

Course Selection: Students enrolled in the Writer's Lab and Young Writer's Enrichment Institute will be automatically pre-registered in a morning and afternoon writing class.

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)

YOUNG WRITER'S ENRICHMENT INSTITUTE

(*entering grades 7 and 8, U.S. residents only*)

prefer a single room (depending on availability)

prefer a roommate (list special interests below)

ONLINE YOUNG WRITER'S ENRICHMENT INSTITUTE (*entering grades 7 and 8, international students only*)

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

THE \$75 NONREFUNDABLE APPLICATION FEE IS PAYABLE BY CHECK OR CREDIT CARD.

Please make check payable to *Taft Summer School* or enter your credit card information below.

Please charge my: Visa MC

Card # _____

Exp. Date _____ V-Code _____

Card Holder _____

SUBMIT THE COMPLETED FORM TO:

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

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

TEACHER REPORT 1

Summer@TAFT
THE TAFT SCHOOL, WATERTOWN, CONNECTICUT 06795



TO THE APPLICANT:

Write your name and address below and give this form to your English teacher.

Applicant _____

Address _____

STREET

CITY

STATE

ZIP

COUNTRY

TO THE TEACHER:

The above student has applied to The Taft Summer School. Our program is an intensive one; students will be in class for up to five hours each day and will study for several hours in the evening. We ask your help in determining whether the applicant is suited to benefit from a concentrated academic program. Please write a brief evaluation of the student in the space below. We are especially interested in the student's initiative, willingness to work, academic promise, and overall conduct at your school. We would also appreciate your input on how adaptable you find this student, particularly if he/she is applying to our residential program.

We realize that writing thoughtful comments takes time; thank you in advance for your help in evaluating this student.

(Please type or print, and you may attach a separate sheet.)

C TEACHER REPORT 1

PLEASE RATE STUDENT BY CHECKING THE APPROPRIATE BOXES BELOW:

	Excellent	Good	Fair	Poor
1. Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Peer interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Response to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Overall evaluation as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In what subject do you teach the applicant? _____

How long have you known the applicant? _____

Teacher's Name _____

Position _____

School Name _____

Phone _____ Email _____

School Address _____

STREET
CITY
STATE
ZIP
COUNTRY

Teacher's Signature _____ Date _____

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.

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 110 Woodbury Road
 Watertown, CT 06795

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

TEACHER REPORT 2



Summer@TAFT
THE TAFT SCHOOL, WATERTOWN, CONNECTICUT 06795

TO THE APPLICANT:

Write your name and address below and give this form to one of your present teachers.

Applicant _____

Address _____
STREET CITY STATE ZIP COUNTRY

TO THE TEACHER:

The above student has applied to The Taft Summer School. Our program is an intensive one; students will be in class for up to five hours each day and will study for several hours in the evening. We ask your help in determining whether the applicant is suited to benefit from a concentrated academic program. Please write a brief evaluation of the student in the space below. We are especially interested in the student's initiative, willingness to work, academic promise, and overall conduct at your school.

We realize that writing thoughtful comments takes time; thank you in advance for your help in evaluating this student.

(Please type or print, and you may attach a separate sheet.)

A TEACHER REPORT 2

PLEASE RATE STUDENT BY CHECKING THE APPROPRIATE BOXES BELOW:

	Excellent	Good	Fair	Poor
1. Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Peer interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Response to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Overall evaluation as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In what subject do you teach the applicant? _____

How long have you known the applicant? _____

Teacher's Name _____

Position _____

School Name _____

Phone _____ Email _____

School Address _____

STREET
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Teacher's Signature _____ Date _____

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