

Parent/Guardian Statement

Date submitted _

Office of Admission 4 Batchelder Road Windsor, CT 06095 860.687.6400 admission@loomis.org www.loomischaffee.org

We are delighted to consider your child for admission to Lo better by sharing with us some of your thoughts about your		ation process. Please help us know your child
Student's Name		
Applicant for Grade	FIRST	MIDDLE
Applicant for Grade		
is there anything concerning the sequence of your child's so	chooling that you think we should know?	
What has posed the biggest academic and/or extracurricula	ir challenge for your child?	
Please share with us any additional personal qualities, strei	ogths, weaknesses or experiences that you think would	be helpful as we evaluate
your child's candidacy for Loomis Chaffee.		•
If applicable, is there an event that you would deem signific	cant in your child's life thus far?	
SIGNATURE	DATE	
NAME	RELATIONSHIP TO CANDIDATE	
When completed, please return to the address above.		