

# FRYEBURG ACADEMY

## TRANSCRIPT RELEASE FORM PRINCIPAL/GUIDANCE COUNSELOR RECOMMENDATION

APPLICANT'S FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_  
NICKNAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

Candidate for academic year beginning:

September January Year 20\_\_\_\_\_ Grade: 9 10 11 12 PG Boarding Day

Current Grade: \_\_\_\_\_

The student named above is a candidate for admission to Fryeburg Academy, a secondary boarding and day school. In order to give the student full consideration, we ask that you provide us with information about the applicant as a person and as a student.

WHAT ARE THE FIRST THREE WORDS THAT COME TO MIND WHEN DESCRIBING THIS STUDENT? \_\_\_\_\_

HOW MANY YEARS HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

Please provide any insights about the applicant that will guide the Admission Committee:

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Are there any observed problematic behaviors — discipline problems, violence, intolerance or antisocial behavior, perhaps separable from academic performance that should be explored by Fryeburg Academy? If yes, please explain below:

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In relation to others in the candidate's age group whom you have known, please check the appropriate box for each assessment below:

	BELOW AVERAGE	AVERAGE	GOOD	EXCELLENT	NO BASIS FOR JUDGMENT
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<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"/>
Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Sense	<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"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In relation to others in the candidate's age group whom you have known, please check the appropriate box for each assessment below:

	HIGHLY	WITHOUT HESITATION	WITH HESITATION	NOT RECOMMENDED
Academically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NAME (please print): \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ SCHOOL NAME: \_\_\_\_\_

SCHOOL PHONE: \_\_\_\_\_ SCHOOL EMAIL: \_\_\_\_\_

SCHOOL ADDRESS : \_\_\_\_\_

**THIS FORM IS CONFIDENTIAL. PLEASE RETURN DIRECTLY TO FRYEBURG ACADEMY.**

PRINCIPAL/GUIDANCE COUNSLOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_