



# Gunston Day School

Post Office Box 200 • Centreville, Maryland 21617 • 410-758-0620 • Fax 410-758-0628

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## Confidential School Recommendation and Transcript Request

*This form is to be completed by the Headmaster, Principal, School Registrar, or School Counselor.*

The student whose name appears below has applied for admission to Gunston Day School. We would appreciate your completing this recommendation and returning it to us along with an official copy of his or her transcript to assist us in the admission process. Our policy is to keep this form private and confidential.

Thank you for your time and consideration.

David G. Henry  
Director of Admission and Financial Aid

Student \_\_\_\_\_ Current Grade \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number with Area Code \_\_\_\_\_

Grading/Credit System \_\_\_\_\_

Has the applicant been given a Wechsler Intelligence Scale for Children (WSIC) or other standardized individual test measuring intelligence or achievement within the past three years? Yes  No

If so, please send a copy of the report to Gunston Day School.

Please describe academic strengths and weaknesses. \_\_\_\_\_

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Are you aware of any learning differences or difficulties experienced by this student? Yes  No

If yes, please explain \_\_\_\_\_

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PERSONAL/SOCIAL INFORMATION

How long have you known the applicant and in what context? \_\_\_\_\_

\_\_\_\_\_

Please rate the following: 1 – Good 2 – Average 3 – Needs Improvement

\_\_\_\_ Community spirit                      \_\_\_\_ Social skills                      \_\_\_\_ Peer relationships

\_\_\_\_ Adult relationships                      \_\_\_\_ Family relationships                      \_\_\_\_ Self-confidence

\_\_\_\_ Concern for others                      \_\_\_\_ Integrity

In the last three years has the student had any physical, social, or emotional problems? Yes  No

If yes, please comment \_\_\_\_\_

\_\_\_\_\_

Has the student ever been a discipline problem? Yes  No

If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

Do you recommend this student for admission to Gunston Day School?

\_\_\_\_ Strongly      \_\_\_\_ Fairly strongly      \_\_\_\_ With reservations      \_\_\_\_ Not recommended

We would appreciate any additional comments you wish to make. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please type or print the following information:

Name \_\_\_\_\_

Position or title at school \_\_\_\_\_

Telephone Number with Area Code \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send this form directly to:

Director of Admission  
Gunston Day School  
P. O. Box 200  
Centreville, MD 21617  
Telephone: 410-758-0620  
Fax: 410-758-0628