

Please fill out the information on the first part of this form and give it to your son/daughter's principal for completion. To expedite your request, please provide a stamped envelope addressed to the Office of Admissions at the University Laboratory School.

Student's Name _____
Social Security Number _____ **2018-2019 Grade Level** Applying for: _____
Current School _____

Waiver

Parents of children desiring to transfer to the Laboratory School are asked to provide the Laboratory School with a letter of recommendation from the principal of the school where the child is presently enrolled. Under the Family Educational Rights and Privacy Act of 1974, the parents may review such letters in the event the child is accepted into the Laboratory School. However, to allow for more complete candor from the person completing the letter of recommendation, the Laboratory School asks that parents strongly consider waiving their right of access to the letter. If you agree to waive your right of access and to allow this letter of recommendation to remain confidential, please sign below.

I understand that this information is being provided to the Laboratory School for admission purposes only. I will not seek access to this confidential letter of recommendation.

Applicant's Parent/Guardian(s) _____
Relationship to Applicant _____
Parent/Guardian Signature _____ Date _____

Principal's Recommendation

CONFIDENTIAL

Applicant's Name: _____ **2018-2019 Grade Applying For:** _____

The above named student has applied for admission to the University Laboratory School at the Louisiana State University. The information that you provide on this form will help the Admission's committee during the evaluation of this student's application. For that reason, an accurate, honest assessment is appreciated. Please complete and return this form as soon as possible.

The deadline for the receipt of 1st-12th grade applications is Tuesday, May 31, 2018 at 3:00pm.

If you have any questions, please call admissions at 225-578-3223.

*The parent's signature above indicates that a waiver has been granted.
Thank you in advance for your assistance.*

Principal's Recommendation – **1st-12th Grade Applicants**

CONFIDENTIAL

Applicant's Name: _____ **2018-2019 Grade Applying For:** _____

Name and title of person completing this form _____

How long have you known this student? _____

Please rate the student in each of the following categories, using the following scale:

(1) Below Average	(2) Average	(3) Above Average
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Overall academic performance	_____
Ability to work/interact with peers	_____
Cooperation with teachers and other adults	_____
Study Habits	_____
Interest in Learning	_____
Receptiveness to constructive criticism	_____
Level of effort given to studies	_____
Honesty	_____
Overall conduct and behavior	_____

Please mark the appropriate levels for this applicant:

Math	Below Level	At Grade Level	Above grade level
Reading	Below Level	At Grade Level	Above grade level
Writing	Below Level	At Grade Level	Above grade level

Would this student be welcome to return to your school next year? _____

Comments: _____

Principal's Signature: _____ Date: _____

Parents may return this form in a sealed letterhead envelope or it can be mailed/faxed by May 31, 2018 to:

**University Laboratory School – 45 Dalrymple Drive- Baton Rouge, LA 70803
Fax: (225) 578-3326 or email ulsadmissions@lsu.edu**