

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 _____

Parent/Guardian's Name(s) _____

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.

Signature of Applicant's Parent/Guardian _____

Relationship to Applicant _____ Date _____

Principal's Recommendation

CONFIDENTIAL

Applicant's Name: _____ Date: _____

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 kindergarten applications is Wednesday, November 1, 2017 at 3:00pm.

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

Principal's Recommendation – **Kindergarten Applicants**

CONFIDENTIAL

Applicant's Name: _____ **Date:** _____

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 |
|-------------------|-------------|-------------------|
|-------------------|-------------|-------------------|

| | |
|--|-------|
| 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: _____ Phone Number: _____

Parents may return this form in a sealed letterhead envelope or it can be mailed/faxed by November 1, 2017 to:

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