



PARENT REFERENCE FORM

TO THE STUDENT APPLICANT: Complete the Permission to Release section and give this form to a parent or guardian. They should send completed recommendation to TADS Admissions and Enrollment via fax to **612.548.3326** or via postal mail to **110 N 5th St. Second Floor, Minneapolis, MN 55403**. If you need assistance uploading this form please contact the admissions office at admissions@alzarschool.org.

Permission to Release Reference Form

Student's Name: _____ Parents's Name: _____

Relationship to Student: _____

I understand that the information my references provides in this form is confidential. It will be used only as part of the admissions process.

Student Applicant Signature: _____ Date: _____

TO THE PARENT: The student named above is applying for admission to the Alzar School (www.AlzarSchool.com), a semester leadership program based in Cascade, Idaho that offers a challenging, college-preparatory curriculum featuring expeditions around the US and to Chile.

The Alzar School is for motivated students and **is not appropriate for students experiencing emotional, behavioral, or academic issues**. We are seeking self-disciplined, motivated, community-minded students who are eager to work hard, both within and outside the classroom. Your honest evaluation of this student applicant is an essential part of our admissions process. With this is mind:

What qualities come to mind when you think of your student?

Compared to other teenagers, please rate your student:

	One of the top 2% in experience	Excellent	Above average	Average	Below average	No basis for comparison
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relating to adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please respond to the following questions to help us learn more about the applicant. Please use specific examples whenever possible.

Why do you want your student to attend the Alzar School?

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What aspects of our semester do you anticipate coming easily for your student and which ones will be especially challenging?

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How does your student deal with conflict?

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What personal qualities are the applicant's strongest? What personal qualities should they work on?

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Please describe any needs your student has and how we can best support them.

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Check this box if and leave your contact information below if you would like us to contact you directly about this applicant. Please return this form as soon as possible, as admission is competitive. Please send completed recommendation to TADS Admissions and Enrollment via fax to 612.548.3326 or via postal mail to 110 N 5th St. Second Floor, Minneapolis, MN 55403.

Parent's Signature: _____ **Date:** _____

Contact Information: _____