HERSHEY MONTESSORI SCHOOL

WWW.HERSHEY-MONTESSORI.ORG

Huntsburg Campus Application

ADOLESCENT COMMUNITY

ADMISSIONS: 11530 MADISON ROAD ♦ HUNTSBURG, OH 44077 ♦ PHONE: 440.636-6290 ♦ FAX: 440.636-5665
EMAIL: ADMISSIONS@HERSHEY-MONTESSORI.ORG

APPLICATION FOR ENROLLMENT FOR _____ SCHOOL YEAR

COMMUNITY MEMBER RECOMMENDATION

The applicant named below is applying for admission to The Adolescent Community of Hershey Montessori School. The community is a unique opportunity for study, work, and living. Though guided by responsible and trained adults, students will be responsible for managing the household, cultivating the land, operating small businesses, caring for plants and animals, and running a small farm. These activities, integrated with academic studies, make for an intensive community. The candidate has indicated she/he is interested in the adolescent community and is up to the challenging and encompassing nature of the community. Your answers to the following questions will help us evaluate the likelihood that the applicant's experience will be positive. Please be frank in your answers.

APPLICANT'S NAME: _____

Please comment on the applicant's following attributes:	OUTSTANDING	EXCELLENT	GOOD	AVERAGE	FAIR	POOR	N/A
Trustworthiness	❑	❑	❑	❑	❑	❑	❑
Cooperation	❑	❑	❑	❑	❑	❑	❑
Consideration of Others	❑	❑	❑	❑	❑	❑	❑
Independence	❑	❑	❑	❑	❑	❑	❑
Self-Direction	❑	❑	❑	❑	❑	❑	❑
Teamwork	❑	❑	❑	❑	❑	❑	❑
Creativity	❑	❑	❑	❑	❑	❑	❑
Intellectual Interests	❑	❑	❑	❑	❑	❑	❑

1. Describe the applicant's abilities in the context in which you know him/her?

_____

_____

_____

_____

_____

_____



Hershey Montessori School does not discriminate on the basis of gender, race, creed, ethnic or national origin, religion, disability, age, or sexual orientation in its admissions policy, financial aid program, or other educational policies.

COMMUNITY MEMBER RECOMMENDATION (CONTINUED)

2. Describe the applicant's emotional maturity in relation to his/her peers.

_____

_____

_____

_____

_____

_____

3. Describe the applicant's character and sense of responsibility.

_____

_____

_____

_____

_____

_____

I recommend this applicant for admission:

❑ enthusiastically ❑ strongly ❑ mildly ❑ reluctantly ❑ do not recommend

Evaluator's Name: _____

Relationship to Applicant: _____

Mailing Address: _____

City: _____ State: _____

Country: _____ Postal Code: _____ Telephone: _____

Signature:_____ Date: _____

Thank you for completing this evaluation. Your comments are important in helping us gain a better understanding of the candidate. If you have any questions about this form, or about The Adolescent Community of Hershey Montessori School, please feel free to contact us.



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