



**Main Line Classical Academy**  
*Request for Release of Current Transcript*

**Note to the Parents:**

Dear Parents,

Please sign and give this form to the office of your child's present school, requesting and authorizing his/her school to forward an official copy of his/her transcript, containing at least her first marking period grades and any standardized test scores, (for children entering 1st grade, this could just be their "progress reports"), so that it is received by Main Line Classical Academy as early as possible.

Dear Principal,

I \_\_\_\_\_ request an official copy of  
PRINT PARENT'S NAME

\_\_\_\_\_, Grade \_\_\_\_\_, transcript to be  
PRINT STUDENT'S NAME PRINT CURRENT GRADE

mailed or emailed to Main Line Classical Academy.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

**Note to the School:**

Dear Principal,

This student is applying to Main Line Classical Academy. We appreciate your cooperation in completing this form after November 1 and by January 1st. If you receive this after January 1st, please email the materials to MLCA within the next two weeks or as soon as possible. Please forward an official copy of the student's transcript to:

Email a PDF to this email: [admissions@mainlineclassical.org](mailto:admissions@mainlineclassical.org)

Mailing address: Director of Admissions

Main Line Classical Academy

455 S. Roberts Rd

Bryn Mawr, PA 19010

**Please include all of these below, when applicable:**

- Report card (progress report) for *current* year
- Transcript of final report card of any previous years
- Results of standardized tests

Sincerely,

Chloë Le Pichon

Director of Admissions, Main Line Classical Academy

tel: 610 525 2300



## Main Line Classical Academy

*Confidential Recommendation Form Grades 6th-8th*

**MATHEMATICS**

### To the Parents:

Please sign and give this form to the office of your child's present school, requesting and authorizing his/her school to forward a Recommendation Form to Main Line Classical Academy, as soon as possible.

"I/We understand that we may not look at this evaluation and assure the evaluator and the school that we will not try to do so. We give permission for the evaluator to release the information on this form to the schools to which we are applying for admission. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent record."

First Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Second Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Student \_\_\_\_\_ has applied for grade \_\_\_\_\_

### To the Teacher or School Director:

We appreciate your cooperation in completing this form **after November 1 and by January 1st**. If you receive this after January 1st, please email the materials to Main Line Classical Academy **within the next two weeks** or as soon as possible. We appreciate your time, thank you for your careful evaluation of this student.

NAME OF STUDENT \_\_\_\_\_ Current Grade \_\_\_\_\_

Name of Educator \_\_\_\_\_

Current School \_\_\_\_\_

I have known the applicant for \_\_\_\_\_ years/months.

What grades have you taught Math to the applicant? \_\_\_\_\_

School Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

May we contact you for further information?  Yes  No Educator's email \_\_\_\_\_



# Main Line Classical Academy

*Confidential Recommendation Form Grades 6th-8th*

## MATHEMATICS

Please provide three adjectives to best describe the applicant \_\_\_\_\_

\_\_\_\_\_

Describe the applicant's use of calculators and /or technology in your class \_\_\_\_\_

\_\_\_\_\_

Please describe/list the Curriculum you follow or books you use in your class \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

At the end of the school year, the student will have completed - please check all that apply:

<b>Arithmetic Course</b>	
<b>Arithmetic Course with an introduction to Algebra</b>	
<b>Pre-Algebra</b>	
<b>Full-year beginning Algebra course</b>	
<b>-including quadratics solved by factoring</b>	
<b>-including quadratics solved by formula</b>	
<b>Full-year of Geometry</b>	
<b>Full-year/second year Algebra course</b>	
<b>-including trigonometry</b>	
<b>-including algorithms and exponential functions</b>	
<b>Other</b>	

To what degree has the student mastered the above material to date?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



<b>MATHEMATICS</b>	<b>Outstanding</b>	<b>Above average</b>	<b>Average</b>	<b>Below average</b>	<b>N/A</b>
Problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands place value through decimals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition of patterns in numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spatial problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>ACADEMIC QUALITIES</b>	<b>Top 5%</b>	<b>Exceeds Expectations</b>	<b>Meets Expectations</b>	<b>Requires Support</b>
Daily class preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persists in solving problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort and drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentration/Ability to focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**PERSONAL QUALITIES**

<b>SOCIAL/EMOTIONAL DEVELOPMENT</b>	<b>Exceeds Expectations</b>	<b>Meets Expectations</b>	<b>Needs Development</b>	<b>Requires Support</b>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social relationships with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SOCIAL/EMOTIONAL DEVELOPMENT</b>	<b>Exceeds Expectations</b>	<b>Meets Expectations</b>	<b>Needs Development</b>	<b>Requires Support</b>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks help when needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CIRCLE** the words that best describe the student:



# Main Line Classical Academy

*Confidential Recommendation Form Grades 6th-8th*

## MATHEMATICS

Aggressive

Anxious

Articulate

Assertive

Cheerful

Confident

Conscientious

Disobedient

Easily discouraged

Follower

Helpful

Honest

Influential

Irritable

Manipulative

Motivated

Negative leader

Over-protected

Passive aggressive

Perfectionist

Positive leader

Responsible

Self-centered

Self-disciplined

Shy

Social

Vivacious

Well-liked

Areas in which the applicant has the greatest strengths \_\_\_\_\_

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Areas in which the applicant has the greatest needs \_\_\_\_\_

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## THE FAMILY



**Main Line Classical Academy**

*Confidential Recommendation Form Grades 6th-8th*

**MATHEMATICS**

1. To your knowledge, are the parents in agreement with your view of the student? yes no don't know

2. Child's relationship with parents \_\_\_\_\_

<i>Leave blank if no basis for judgement</i>	<b>Consistently</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Rarely</b>
<b>Parents engage in an appropriate level of communication with school</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parents participate in student-related activities (e.g., conferences/workshops/orientation)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parents participate in school-wide activities</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parents cooperate with the classroom teachers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parents cooperate with administration</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parents follow through on guidance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parents meet financial obligations in a timely way</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parents ensure good attendance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you would like to, please attach a personal letter of recommendation.**

Thank you for completing this form. Please send this completed recommendation to the Admissions Director after the first marking period.

**Mail:** Director of Admissions  
Main Line Classical Academy  
455 S. Roberts Rd  
Bryn Mawr, PA 19010 **Tel:** 610 525 2300

**Email a PDF to :** [admissions@mainlineclassical.org](mailto:admissions@mainlineclassical.org)



**Main Line Classical Academy**  
*Confidential Recommendation Form Grades 6th-8th*

**ENGLISH**

**To the Parents:**

Please sign and give this form to the office of your child's present school, requesting and authorizing his/her school to forward a Recommendation Form to Main Line Classical Academy, as soon as possible.

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First Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Second Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Student \_\_\_\_\_ has applied for grade \_\_\_\_\_

**To the Teacher or School Director:**

We appreciate your cooperation in completing this form after **November 1 and by January 1st**. If you receive this after January 1st, please email the materials to Main Line Classical Academy within the **next two weeks** or as soon as possible. We appreciate your time, thank you for your careful evaluation of this student.

NAME OF STUDENT \_\_\_\_\_ Current Grade \_\_\_\_\_

Name of Educator \_\_\_\_\_

Current School \_\_\_\_\_

I have known the applicant for \_\_\_\_\_ years/months.

What grades have you taught English to the applicant? \_\_\_\_\_

School Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

May we contact you for further information?  Yes  No Educator's email \_\_\_\_\_





List books used in class \_\_\_\_\_

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<b>LANGUAGE ARTS</b>	Outstanding	Above average	Average	Below average	N/A
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading decoding/speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwriting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical/abstract thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>ACADEMIC QUALITIES</b>	Top 5%	Exceeds Expectations	Meets Expectations	Requires Support
Daily class preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persists in solving problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>ACADEMIC QUALITIES</b>	<b>Top 5%</b>	<b>Exceeds Expectations</b>	<b>Meets Expectations</b>	<b>Requires Support</b>
Oral expression of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort and drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PERSONAL QUALITIES**

<b>SOCIAL/EMOTIONAL DEVELOPMENT</b>	<b>Exceeds Expectations</b>	<b>Meets Expectations</b>	<b>Needs Development</b>	<b>Requires Support</b>
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<b>Self control</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self confidence</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability to work with others</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability to work independently</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CIRCLE** the words that best describe the student:

- |                    |                    |                  |
|--------------------|--------------------|------------------|
| Aggressive         | Helpful            | Positive leader  |
| Anxious            | Honest             | Responsible      |
| Articulate         | Influential        | Self-centered    |
| Assertive          | Irritable          | Self-disciplined |
| Cheerful           | Manipulative       | Shy              |
| Confident          | Motivated          | Social           |
| Conscientious      | Negative leader    | Vivacious        |
| Disobedient        | Over-protected     | Well-liked       |
| Easily discouraged | Passive aggressive |                  |
| Follower           | Perfectionist      |                  |

Areas in which the applicant has the greatest strengths \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Areas in which the applicant has the greatest needs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**THE FAMILY**

1. To your knowledge, are the parents in agreement with your view of the student?  
yes no don't know

2. Child's relationship with parents \_\_\_\_\_

<i>Leave blank if no basis for judgement</i>	<b>Consistently</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Rarely</b>
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<b>Parents cooperate with the classroom teachers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parents cooperate with administration</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Parents meet financial obligations in a timely way</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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General Comments \_\_\_\_\_

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 Main Line Classical Academy  
 455 S. Roberts Rd, Bryn Mawr, PA 19010  
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