



**TMI**  
The Episcopal School of Texas

20955 West Tejas Trail  
San Antonio, TX 78257  
www.tmi-sa.org

Admission Office  
t: 210-698-7171  
f: 210-698-0715  
admissions@tmi-sa.org

APPLICATION

**Instructions:** Please complete this application and send it along with the \$75 application fee to the TMI AdmissionOffice in the envelope provided. Distribute the recommendations to the appropriate teachers and a school official according to the established admission timeline.

**Applicant's Full Name** \_\_\_\_\_  
Last First Middle

**Preferred Name** \_\_\_\_\_ **Gender**  Male  Female

**Applying for Grade**  6  7  8  9  10  11  12 **Proposed Entrance** Fall 20\_\_\_\_ Spring 20\_\_\_\_

**Please Select**  Day Student  7-Day Residential Life Student  5-Day Residential Life Student (Grades 9-12)

**Permanent Address** \_\_\_\_\_  
Number and Street Apt. Number

City State Zip Code

**Home Phone** ( ) \_\_\_\_\_ **Other Phone** ( ) \_\_\_\_\_

**Current Mailing Address** \_\_\_\_\_  
IF DIFFERENT FROM ABOVE Number and Street Apt. Number

City State Zip Code County Country

**E-Mail** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security Number** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Place of Birth** \_\_\_\_\_ **Citizenship** \_\_\_\_\_

**Will you need an I-20 to attend TMI?**  Yes  No

INTERNATIONAL STUDENTS ONLY

**Religious Preference** \_\_\_\_\_  
(Optional)

**ADDITIONAL INFORMATION**

**Please List all Siblings**

| Name  | Age   | School | Grade | TMI Graduate?/Year   |
|-------|-------|--------|-------|--|
| _____ | _____ | _____  | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ |
| _____ | _____ | _____  | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ |
| _____ | _____ | _____  | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ |
| _____ | _____ | _____  | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ |

TMI-The Episcopal School of Texas welcomes qualified applicants of any race, religion, or ethnic origin.

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**PARENT INFORMATION**

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Father's Name \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
IF DIFFERENT Number and Street City State Zip Code

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
IF DIFFERENT Number and Street City State Zip Code

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Applicant Lives With  Mother  Father  Other \_\_\_\_\_Primary Contact for Admission Process \_\_\_\_\_  
Name Daytime Phone

E-mail Father \_\_\_\_\_ E-Mail Mother \_\_\_\_\_

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**Additional Information**

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How did you hear about TMI ? \_\_\_\_\_

Briefly explain why you are applying to TMI: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever applied to TMI before? \_\_\_\_\_

Please check those in which the applicant has participated and/or may be interested in continuing at TMI.

- | Sports                   | (Boys)        | (Girls)                  | Activities/Organizations |                          |                                 |
|--------------------------|---------------|--------------------------|--------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Baseball      | <input type="checkbox"/> | Basketball               | <input type="checkbox"/> | Christian Fellowship            |
| <input type="checkbox"/> | Basketball    | <input type="checkbox"/> | Cross Country            | <input type="checkbox"/> | Community Service               |
| <input type="checkbox"/> | Cross Country | <input type="checkbox"/> | Golf                     | <input type="checkbox"/> | Corps of Cadets                 |
| <input type="checkbox"/> | Football      | <input type="checkbox"/> | Lacrosse                 | <input type="checkbox"/> | Fine Arts                       |
| <input type="checkbox"/> | Golf          | <input type="checkbox"/> | Soccer                   | <input type="checkbox"/> | Latin Club                      |
| <input type="checkbox"/> | Lacrosse      | <input type="checkbox"/> | Softball                 | <input type="checkbox"/> | Literary Magazine               |
| <input type="checkbox"/> | Soccer        | <input type="checkbox"/> | Swimming                 | <input type="checkbox"/> | National (Junior) Honor Society |
| <input type="checkbox"/> | Swimming      | <input type="checkbox"/> | Tennis                   | <input type="checkbox"/> | Student Government              |
| <input type="checkbox"/> | Tennis        | <input type="checkbox"/> | Volleyball               | <input type="checkbox"/> | Student Newspaper               |
|                          |               |                          |                          | <input type="checkbox"/> | Other: _____                    |

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## Additional Information

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### Other Relatives Who Have Attended TMI:

| Name  | Relationship | Years Attended | TMI Graduate?/Year   |
|-------|--------------|----------------|--|
| _____ |              |                | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ |
| _____ |              |                | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ |
| _____ |              |                | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ |

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## School Information

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Current School \_\_\_\_\_ Grades Attended \_\_\_\_\_  
 Parochial School  Private School  Public School

School Address \_\_\_\_\_  
Number and Street City State Zip Code

School Phone ( ) \_\_\_\_\_ School Fax ( ) \_\_\_\_\_

Previous School \_\_\_\_\_ Grades Attended \_\_\_\_\_  
 Parochial School  Private School  Public School

School Address \_\_\_\_\_  
Number and Street City State Zip Code

Previous School \_\_\_\_\_ Grades Attended \_\_\_\_\_  
 Parochial School  Private School  Public School

School Address \_\_\_\_\_  
Number and Street City State Zip Code

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## Parent Statement

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Has your child ever been suspended, asked to leave any school, not invited to return, or withdrawn from school due to academic or disciplinary reasons?  No  Yes If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your child ever had any academic difficulty?  No  Yes If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have a history of drug or alcohol use?  No  Yes If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your child ever had any behavioral problems in school ?  No  Yes If yes , Please explain \_\_\_\_\_

\_\_\_\_\_

Is a language other than English spoken at home?  No  Yes  Occasionally or  Often

Please describe any illnesses, diseases or physical disabilities which may have affected or may affect your child's health, schoolwork, or participation in the school's athletic program:

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Describe any circumstances or recent changes in your child's life that you feel are significant. (i.e.family relocation, divorce or separation, loss of a loved one):

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Is your child currently on medication of any kind?  No  Yes If Yes, Please explain:

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Have any behavioral, educational, psychological, or chemical dependency evaluations been performed on your child?  No  Yes

If yes, please circle the area of testing and describe when and by whom. ( The school may request a copy of any record.)

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## Additional Information (Optional)

### Student Diversity

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian American  | <input type="checkbox"/> Caucasian               |
| <input type="checkbox"/> International    | <input type="checkbox"/> Latino/Hispanic | <input type="checkbox"/> Middle Eastern American |
| <input type="checkbox"/> Multi Racial     | <input type="checkbox"/> Native American | <input type="checkbox"/> Other _____             |

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### Signature of Parent or Guardian

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I am making this application for admission of the Applicant named herein to TMI-The Episcopal School of Texas and I accept the regulations and procedures of the school. I understand that the \$75.00 application fee is nonrefundable.

Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_



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ENGLISH  
RECOMMENDATION

**Instructions:** (To be completed by the Parent or Guardian ) Please complete the following information and give this form to your current English teacher with the appropriate envelope (stamped).

Applicant's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Name of Recommending Teacher \_\_\_\_\_

**Instructions to the English Teacher:** Please answer the following questions to the best of your knowledge of this student and return directly to the TMI Admission Office in the envelope provided. Your candid response will be confidential and will be used in the evaluation of this applicant for admission and in his or her academic placement if accepted. We greatly appreciate your time and consideration.

For how long and in what context have you known the applicant? \_\_\_\_\_

List the course(s) in which you have taught this student and indicate the level (e.g. Remedial, Regular, Honors, AP, TAG): \_\_\_\_\_

Please provide a brief course description (texts used, areas of focus, amount of homework, etc.) \_\_\_\_\_

|   |                            | Below<br>Average         | Average                  | Above<br>Average         | Superior                 |
|---|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Please rate the applicant in the following areas: | Reading Ability            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Critical Thinking Skills   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Writing Ability            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Grammar/Punctuation Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Class Participation        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Caliber of Classwork       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Caliber of Homework        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Self-Motivation            | <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 Skills          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please comment on any of the above items: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please check all that you feel best describe the applicant.**

- |                                      |   |                                       |   |  |
|--------------------------------------|---|---------------------------------------|---|--|
| <input type="checkbox"/> Aggressive  | <input type="checkbox"/> Conscientious      | <input type="checkbox"/> Honest       | <input type="checkbox"/> Negative Leader  | <input type="checkbox"/> Self-Centered |
| <input type="checkbox"/> Anxious     | <input type="checkbox"/> Disobedient        | <input type="checkbox"/> Immature     | <input type="checkbox"/> Organized        | <input type="checkbox"/> Shy           |
| <input type="checkbox"/> Articulate  | <input type="checkbox"/> Distractible       | <input type="checkbox"/> Insecure     | <input type="checkbox"/> Over-protected   | <input type="checkbox"/> Social        |
| <input type="checkbox"/> Cheerful    | <input type="checkbox"/> Easily Discouraged | <input type="checkbox"/> Mature       | <input type="checkbox"/> Positive Leader  | <input type="checkbox"/> Vivacious     |
| <input type="checkbox"/> Confident   | <input type="checkbox"/> Follower           | <input type="checkbox"/> Motivated    | <input type="checkbox"/> Responsible      | <input type="checkbox"/> Well-Liked    |
| <input type="checkbox"/> Competitive | <input type="checkbox"/> Helpful            | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Self-Disciplined | <input type="checkbox"/> _____         |

**Do you have any reason to question the integrity or character of this student? Please elaborate:** \_\_\_\_\_

\_\_\_\_\_

**Please provide any other information about this applicant or his/her family that you think would be useful to the Admission Committee or to teachers and advisors working with this student:** \_\_\_\_\_

\_\_\_\_\_

**Your overall recommendation of this student:**     High    With Confidence    With Reservation    Do Not Recommend

**Please elaborate:** \_\_\_\_\_

\_\_\_\_\_

I would    definitely like to    Be willing    Not be willing   to discuss this student by telephone

Phone Number (   ) \_\_\_\_\_

\_\_\_\_\_  
Signature of English Teacher

\_\_\_\_\_  
Date

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**Mathematics  
RECOMMENDATION**

**Instructions:** (To be completed by the Parent or Guardian) Please complete the following information and give this form to your current Math teacher with the appropriate envelope (stamped).

Applicant's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Name of Recommending Teacher \_\_\_\_\_

**Instructions to the Math teacher:** Please answer the following questions to the best of your knowledge of this student and return directly to the TMI Admission Office in the envelope provided. Your candid response will be confidential and will be used in the evaluation of this applicant for admission and in his or her academic placement if accepted. We greatly appreciate your time and consideration.

For how long and in what context have you known the applicant? \_\_\_\_\_

List the course(s) in which you have taught this student and indicate the level (e.g. Remedial, Regular, Honors, AP, TAG): \_\_\_\_\_

Please provide a brief course description (texts used, areas of focus, amount of homework, etc.) \_\_\_\_\_

Please rate the applicant in the following areas:

|                                  | Below<br>Average         | Average                  | Above<br>Average         | Superior                 |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| General Math Knowledge & Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Problem Solving Ability          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Abstract Thinking Skills         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mastery of Coursework            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Class Participation              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Caliber of Classwork             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Caliber of Homework              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-Motivation                  | <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 Skills                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please comment on any of the above items: \_\_\_\_\_

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Please check all that you feel best describe the applicant.

- |                                      |   |                                       |   |  |
|--------------------------------------|---|---------------------------------------|---|--|
| <input type="checkbox"/> Aggressive  | <input type="checkbox"/> Conscientious      | <input type="checkbox"/> Honest       | <input type="checkbox"/> Negative Leader  | <input type="checkbox"/> Self-Centered |
| <input type="checkbox"/> Anxious     | <input type="checkbox"/> Disobedient        | <input type="checkbox"/> Immature     | <input type="checkbox"/> Organized        | <input type="checkbox"/> Shy           |
| <input type="checkbox"/> Articulate  | <input type="checkbox"/> Distractible       | <input type="checkbox"/> Insecure     | <input type="checkbox"/> Over-protected   | <input type="checkbox"/> Social        |
| <input type="checkbox"/> Cheerful    | <input type="checkbox"/> Easily Discouraged | <input type="checkbox"/> Mature       | <input type="checkbox"/> Positive Leader  | <input type="checkbox"/> Vivacious     |
| <input type="checkbox"/> Confident   | <input type="checkbox"/> Follower           | <input type="checkbox"/> Motivated    | <input type="checkbox"/> Responsible      | <input type="checkbox"/> Well-Liked    |
| <input type="checkbox"/> Competitive | <input type="checkbox"/> Helpful            | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Self-Disciplined | <input type="checkbox"/> _____         |

Do you have any reason to question the integrity or character of this student? Please elaborate: \_\_\_\_\_

\_\_\_\_\_

Please provide any other information about this applicant or his/her family that you think would be useful to the Admission Committee or to teachers and advisors working with this student: \_\_\_\_\_

\_\_\_\_\_

Your overall recommendation of this student:  High  With Confidence  With Reservation  Do Not Recommend

Please elaborate: \_\_\_\_\_

\_\_\_\_\_

I would  definitely like to  Be willing  Not be willing to discuss this student by telephone

Phone Number ( ) \_\_\_\_\_

\_\_\_\_\_  
Signature of Math Teacher

\_\_\_\_\_  
Date

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f: 210-698-0715

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Instructions: (To be completed by the Parent or Guardian.) Please fill in the applicant's name and grade and then sign this authorization to release school transcripts and information to TMI. This form must be submitted to the applicant's current school registrar, who will then forward the necessary records directly to TMI. If more than one school has been attended in the past two years, please make a copy of this form and submit one to each school in which the student was enrolled.

Applicant's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Last First

I hereby authorize the release of information requested by the Admission Office at TMI-The Episcopal School of Texas for my child's application.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

To be completed by a School Official-Registrar, Guidance Counselor, Principal, or Head of School). Please complete the form and attach a copy of the student's grades for the current year to date as well as the grades for the last school year. Additional comments about the student and/or a letter of recommendation may be included. All information will be kept confidential and will be used for assessing this applicant for admission to our school and potentially for academic placement.

Name \_\_\_\_\_ Position \_\_\_\_\_

Name of School \_\_\_\_\_ School Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street City State

Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_

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Principal

## CONFIDENTIAL SCHOOL REPORT

Candidate's Full Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_  
LAST FIRST MIDDLE

**To the Principal, Counselor, or Administrator:** The student named above is a candidate for admission to TMI. The school considers both a candidate's academic and personal qualities when making its admission decisions. ***The information you provide is confidential and will be used only in the selection of candidates.*** It will not become a part of the candidate's permanent file and will not be available to the candidate or to his/her parents.

We would appreciate your observations in the following areas:

- |   |  |  |   |
|---|--|--|---|
| <b>Leadership</b>                             | <input type="checkbox"/> A positive leader             | <input type="checkbox"/> A follower                          | <input type="checkbox"/> A negative leader                      |
| <b>Cooperation</b>                            | <input type="checkbox"/> Cooperative                   | <input type="checkbox"/> Cooperative occasionally            | <input type="checkbox"/> Uncooperative                          |
| <b>Dependability</b>                          | <input type="checkbox"/> Dependable                    | <input type="checkbox"/> Fulfills obligations                | <input type="checkbox"/> Undependable                           |
| <b>Relationship of achievement to ability</b> | <input type="checkbox"/> Overachiever                  | <input type="checkbox"/> Achievement consistent with ability | <input type="checkbox"/> Achievement below ability              |
| <b>General citizenship</b>                    | <input type="checkbox"/> A good citizen; very involved | <input type="checkbox"/> Adequate                            | <input type="checkbox"/> Immature, unreliable; often in trouble |

Is the candidate eligible to re-enter your school next term?  YES  NO

If no, comment. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the candidate been involved in acts of dishonesty?  YES  NO

If yes, comment. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the candidate participated in any disorderly, disruptive, or unmannerly conduct?  YES  NO

If yes, comment. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the candidate had health problems?

**Physical:**  YES  NO **Emotional:**  YES  NO

If yes, comment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the candidate been disciplined by administrative officers or by a student judiciary?  YES  NO

If yes, comment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the candidate ever been suspended, asked to withdraw or expelled?

If yes, the Admission Director will call you.  YES  NO

Telephone (\_\_\_\_\_) \_\_\_\_\_

I recommend this candidate:

A. For academic promise:  Enthusiastically  Strongly  Fairly strongly  
 Without enthusiasm  Not recommended

B. For character and personal promise:  Enthusiastically  Strongly  Fairly strongly  
 Without enthusiasm  Not recommended

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

Title \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_  
Street City State Zip

School Phone (\_\_\_\_\_) \_\_\_\_\_ School Fax (\_\_\_\_\_) \_\_\_\_\_  
COUNTRY/AREA CODE COUNTRY/AREA CODE

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
COUNTRY/AREA CODE

**THIS STUDENT'S APPLICATION CANNOT BE PROCESSED UNTIL RECEIPT OF THIS FORM IN THE ADMISSION OFFICE.**

**PLEASE MAIL THIS RECOMMENDATION TO THE DIRECTOR OF ADMISSION**

**or fax to 210-564-6344**

Brenda Klaftenegger  
Director of Admission  
TMI-The Episcopal School of Texas  
20955 West Tejas Trail  
San Antonio Texas 78257  
Ph. 210-564-6156













# TMI

Admission Department

## RELEASE OF INFORMATION

### TMI – The Episcopal School of Texas

20955 W. Tejas Trail, San Antonio, Texas 78257

Phone: 210-698-7171 • Fax: 210-698-0715 • Email: admission@tmi-sa.org

**All information sent to TMI in care of Dr. John Cannell, consulting psychologist to TMI – The Episcopal School of Texas, will be kept confidential. It will not become part of your child’s permanent file. Consulting with professionals for educational or psychological testing, counseling, or psychotherapy does not exclude applicants from admission. We assure you that the information you provide will be treated with confidentiality and sensitivity.**

#### PARENT SECTION

Please complete this form and **forward it to the psychologist, psychiatrist, or other mental health professional(s)** who met with your child in the past 3 years (36 months).

I hereby authorize \_\_\_\_\_ to forward all reports of  
PROFESSIONAL'S NAME

testing, psychological assessment, diagnosis, treatment and recommendations as well as to

discuss his/her contact relevant to my child, \_\_\_\_\_ to TMI–The  
PRINT NAME OF APPLICANT

Episcopal School of Texas in care of Dr. John Cannell, consulting psychologist.

\_\_\_\_\_  
PRINT NAME OF APPLICANT  
GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR

#### PROFESSIONAL SECTION

Upon receipt of the Release of Information form, please forward all reports of testing, psychological assessment, diagnosis, treatment and recommendations to:

TMI – The Episcopal School of Texas

Dr. John Cannell

20955 W. Tejas Trail

San Antonio, TX 78257

Telephone: 210-690-0595

Fax: 210-564-6344

Email: b.klaftenegger@tmi-sa.org

If you do not have written reports please call Dr. Cannell so that he is aware you have received the release. Dr. Cannell or a member of TMI’s admission staff will contact you to discuss any relevant information regarding this student after we receive his/her completed application and your written reports.

If you have any questions, please contact Dr. Cannell at the number listed above.