

MWS APPLICATION

2026-2027



Teacher Feedback Form

PARENT AUTHORIZATION

My child, named below, is applying to become a student at Middle Way School (MWS) for the 2026-2027 school year. I authorize

_____ to release information regarding my child to MWS.
Teacher's name

Parent's signature

Date

STUDENT'S NAME _____ DATE OF BIRTH _____

SCHOOL _____ DATES ATTENDED _____

****Teachers - please reach out to cara@middlewayschool.org if you would like a word.doc or email version of this form**



How would you describe this student's physical development?



How would you describe this student's emotional development?



How would you describe this student's social development?



How would you describe this student's cognitive development?



Please describe this student's learning style, passions, and interests.



Is there anything else you would like to add that would help us assess whether Middle Way School is a good fit for this student and family?

Teacher's Signature: _____ *Date:* _____

If we need to follow up with additional questions, please provide the best way to reach you:

(email): _____ *OR (phone):* _____

Teacher returns this form directly to MWS

By mail: Middle Way School | 268 West Saugerties Road | Saugerties, NY 12477

By email: admissions@middlewayschool.org attn: Cara Baker, Admissions Coordinator