

School Administrator Recommendation Form

To the Applicant (Grades 1-12):

Please type or print your name below, and give this form to your school administrator (principal, asst. principal, headmaster, etc.), along with a stamped envelope addressed to **Calvary Episcopal School and College Preparatory**, 1201 Austin Street, Richmond, TX 77469.

Name of Student (printed)

Date

Signature of Student

Date Recommendation is Due

To the Parent/Guardian:

Please read and sign below:

"I waive the right to review the administrator's confidential recommendation form and any additional information the school may send to accompany the form."

Name of Parent/Guardian (printed)

Date

Signature of Parent

Date

To the Administrator:

Thank you for allowing us to use some of your valuable time to gain a clearer insight into the study habits, academic abilities, and overall personality of this applicant. The information you provide will be kept in strictest confidence. Please mail the completed forms to us by _____ in the stamped envelope provided to you by the applicant. Thank you!

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Name of Student _____ Grade to which student is applying _____

How well do you know this student academically? _____ Personally? _____

Length of time you have known this student: _____

What are the first words that come to mind in order to describe this student?

My relationship to this student has been that of: _____

Please describe the student's current performance in:

Check one:	Math	Reading
Below grade level	_____	_____
At grade level	_____	_____
Above grade level	_____	_____

Has the student ever been double promoted? ___ Yes ___ No If yes, what grade? _____

Does the student have any academic problems? ___ Yes ___ No

If yes, in what areas: _____

Does the student have any clinically diagnosed learning or behavioral disabilities? _____ Yes _____ No

If yes, explain: _____

Has special testing or tutoring been indicated at any point in school? ___ Yes ___ No

If yes, in what grades/areas? _____

Please comment on parent cooperation with the school: _____

Additional comments: _____

Signature of Person Making Recommendation

Position

Date

e-mail contact

Daytime Phone