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!

_____   _____
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