

School Director's / Principal's Recommendation

Parents: Please complete top half of this form down to dotted line and turn into the registrar's office. Any recommendations not handled in this manner are voided.

Student's name _____ Grade _____ Date: _____

Parent's name _____

Name of referring school _____

Address _____

Phone number _____

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Regarding Student: Was the student respectful? _____

Was the student willing to accept responsibility for their actions? _____

Has this student ever been expelled/suspended for their behavior? Yes _____ No _____

If yes, please give a brief description. _____

Has this student ever been sent to your office for behavior or scholastic reasons? Yes _____ No _____

If yes, please give a brief description. _____

Regarding the parents: Did you feel the parental support was in unity with the vision and guidelines of the school?

Would you consider this parent supportive of their child's teacher? Yes _____ No _____

Please comment: _____

Were the parents willing to accept responsibility for their child's actions? _____
