



Back to Basics Private School

SCHOOL RECOMMENDATION FORM

Student's Name: _____ Current Grade: _____
(First Name/Family Name)

To the School Official (principal, counselor or a teacher): This student is seeking admission to Back to Basics Private School. We would appreciate your observations about the areas listed below. Please be assured that this information will be held in strict confidence that it will be used solely for the admissions process and will be removed from the student file upon enrollment.

In what capacity and for how long have you known the applicant?

	Exceptional	Above average	Average	Low	Poor
ACADEMIC ABILITY	_____	_____	_____	_____	_____
INITIATIVE & DRIVE	_____	_____	_____	_____	_____
LEADERSHIP	_____	_____	_____	_____	_____
RESPONSIBILITY	_____	_____	_____	_____	_____
NONACADEMIC ACTIVITIES	_____	_____	_____	_____	_____
PARENTAL SUPPORT	_____	_____	_____	_____	_____
PEER RELATIONSHIPS	_____	_____	_____	_____	_____
PERSONAL QUALITIES	_____	_____	_____	_____	_____
EMOTIONAL	_____	_____	_____	_____	_____
SUMMARY AS A STUDENT	_____	_____	_____	_____	_____
SUMMARY AS A PERSON	_____	_____	_____	_____	_____

Name of School Official: _____ Position: _____

Name of School: _____

E-mail: _____ Contact Phone: _____

Signature of School Official: _____ Date: _____

COMMENTS: Please make comments supporting your recommendation or any additional comments regarding this student.

Please e-mail to the following:
angie@backtobasicslearning.com