



CONFIDENTIAL ADMINISTRATIVE RECOMMENDATION

To be completed by the Head of School, an authorized administrator, or school counselor.

Must be submitted prior to acceptance.

Student's Name: _____
Last First Middle

I hereby give permission to release school reports and recommendations, and consent to contact the above-named student's past school for further information. I understand and agree that all information and evaluations supplied are confidential and will not be disclosed to me.

Parent/Guardian Signature Date

Student's Current Grade: _____ Grade in the Fall: _____ How long has student been at your school? _____

School's Name: _____

Administrator's Name: _____

Your judgments are used solely for the admissions process, are held in strictest confidence, and do *not* become a part of a student's permanent record. We thank you in advance for taking the time and thought put into completing this recommendation. Please feel free to call us if there is any information you wish to discuss at 818.882.3621.

❖ Was/is the student in good disciplinary standing? _____ Yes _____ No
(If no, please explain below or contact the Director of Admissions.)

Comments: _____

❖ Has this student ever missed more than 10 days of school in one year? _____ Yes _____ No

If yes, please explain: _____

❖ Did the family meet all financial obligations to the school? _____ Yes _____ No _____ N/A
(If no, please explain below)

❖ Did the family need special financial arrangements? _____ Yes _____ No _____ N/A
(If yes, Please explain below)

Comments: _____