



CONFIDENTIAL TEACHER RECOMMENDATION

To be completed by previous or current teacher

Student's Name: _____
Last First Middle

I hereby authorize the release of school reports and/or recommendations, and permit a representative of Monarch Christian School 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: _____

Teachers' Name: _____

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

In what capacity and how long have you known this student? _____

RECOMMENDATION

I recommend this student for admission to Monarch Christian School.

For academic purpose: _____ Without enthusiasm _____ Fairly Strongly _____ Strongly _____ Enthusiastically

For character and personal promise: _____ Without enthusiasm _____ Fairly Strongly _____ Strongly _____ Enthusiastically

Overall recommendation: _____ Without enthusiasm _____ Fairly Strongly _____ Strongly _____ Enthusiastically

Please send completed form to:
Monarch Christian School
22280 Devonshire Street
Chatsworth, CA 91311
OR admissions@monarchchristianschool.org

PLEASE COMPLETE BACK OF FORM