



TEACHER RECOMMENDATION FORM

Students Entering Grade 2 through Grade 8

To be filled out by parent:

Name of Student: _____ Applying For: _____

Student's Birth date: _____ Age: _____

I, the parent, understand that I will not have access to this confidential information

Parent Name (printed): _____

Phone: _____ Email: _____

Parent Signature: _____ Date: _____

To be filled out by child's present school and sent to:

**Saint Hilary School
765 Hilary Drive
Tiburon, CA 94920
Attn: Admissions**

How long and in what context have you known this student? _____

Please give a summary appraisal of the student, assessing academic and personal qualities. _____

Please comment on this applicant's special interests, talents, and abilities: _____

Comment on the student as a person (consider maturity, integrity, behavior, relationship with): _____

PLEASE COMPLETE OTHER SIDE

RECOMMENDATION FORM



Please comment on the following

Do you know of any reason, academic or personal, why this student would be unable to be successful at Saint Hilary School? _____

Should we be made aware of any factors that have had an impact on this student's academic or social progress to date? _____

Has student ever been suspended from school for any reason? _____

Is there any additional information that can be better conveyed in a phone conversation? yes no

If yes, best time to reach you: _____ Phone number: _____

Additional remarks

Please include any family circumstances that we should be aware of in our evaluation. Please also include any other comments you wish to make about the applicant.

Overall Recommendation

Highly Recommended Recommended Recommended with reservations

I recommend this student's:

Not at all **With Reservation** **Mildly** **With Confidence**

Academic Ability

Character and Personal Promise

I am familiar with the academic program at Saint Hilary School:

Not at all Somewhat Fairly Very Familiar

Name _____ Position _____ Date _____

School _____ Telephone Number _____