



Official Recommendation Form

This recommendation form is to be completed by your current principal, counselor, or a teacher.

Applicant Name: _____

Current School: _____

To the School Official: Your statement will become part of our confidential admissions file for use only by appropriate officials of Garces Memorial High School. At no time will the applicant have access to the file or will the file become part of any permanent records.

	Excellent	Good	Fair	Poor	Don't Know
Leadership Ability					
Work/Study Habits					
Behavior/Conduct					
Involvement with Activities					
Parent Involvement with the School					

Comments: _____

RECOMMENDATION

	Strongly (top 10%)	Favorably	With Reservations	Not at All	Prefer not to make a recommendation
Personally					
Academically					

Comments: _____

Additional Comments

Please make comments supporting your recommendation or any additional comments regarding this student. Please include any special accommodations this student has been given.

School Official

Signature

Print Name

Title

Date