

1636 Sinaloa Rd., Simi Valley, CA 93065 \* Ph. 805-583-1866 \* Fax 805-526-7657 \* [svas1636@yahoo.com](mailto:svas1636@yahoo.com)

**RECOMMENDATION FORM  
(Grades 1-8)**

This form will be used only by the Admissions Committee and will not become part of the prospective student's cumulative file, therefore, this form will not be open to review. It will be destroyed after use. **Please fax completed form back to school at the above fax number.**

Student Name \_\_\_\_\_ Current Grade \_\_\_\_\_

School Name \_\_\_\_\_

School Phone Number \_\_\_\_\_ How long have you known this student? \_\_\_\_\_

Name of person filling out this form. \_\_\_\_\_ Title \_\_\_\_\_

**STUDENT RATING: Mark the appropriate choices below.**

	Excellent	Good	Average	Below Average	Not Applicable
Attendance					
Cooperation					
Initiative					
Leadership Abilities					
Punctuality					
Respect for Authority					
Sense of Responsibility					
Work and Study Habits					
Reading Comprehension					
Language Skills					
Emotional Maturity					
Overall Behavior					

**OTHER:**

- Has this student ever been suspended from school OR in school? Yes  No
- Has this student ever been disciplined by principal for any reason? Yes  No
- Does this student have a known history with fighting or not getting along with peers? Yes  No
- Have parents met all financial obligations? Not Applicable  Yes  No

**If yes to any of the above, please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any other comments:**

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_