



educating
children
in a community of
faith

TEACHER RECOMMENDATION FORM

For Students Entering Grade 2 through Grade 8

To be filled out by parent:

Name of Student: _____

Applying For Grade: _____

Student's Birthdate: _____ Age: _____

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

Parent Signature: _____

Date: _____

To be filled out by child's present school and sent to: St. Hilary School
765 Hilary Drive
Tiburon, CA 94920
Attn: Admissions

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

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

Specific Recommendation:

Highly Recommended Recommended Not Recommended

Name

Position

Date

School

Telephone Number

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

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

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?

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

Is there any additional information that can be better conveyed in a phone conversation? _____
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.

I am familiar with the academic program at St. Hilary School:

Not at all _____ Somewhat _____ Fairly _____ Very Familiar _____

I recommend this student's:	Not at all	With Reservation	Mildly	With Confidence
Academic ability	_____	_____	_____	_____
Character & Personal promise	_____	_____	_____	_____
Overall	_____	_____	_____	_____