



This form can be completed by a principal, guidance counselor, coach, club supervisor, or special-area teacher. The student below has applied for admission to The Wellington School. Your comments will remain strictly confidential.

Please return this form directly to the Admissions Office. Thank you for taking the time to complete this recommendation form. We appreciate your prompt response.

Name of student _____ Application for grade _____

How long and in what capacity have you known the candidate? _____

Please describe the effect the candidate has had on the school and/or the community. _____

Has the candidate ever been suspended or subject to other disciplinary action? Yes No

Please explain. _____

Please describe the candidate's academic ability and engagement. _____

What do you feel are the candidate's strengths? _____

What do you feel are the candidate's needs? _____

CONFIDENTIAL GENERAL RECOMMENDATION (Continued)

Please indicate any school and community activities in which you know the student has participated. _____

How does the candidate relate to peers? _____

How does the candidate relate with adults? _____

Would you recommend this candidate? Yes No

Please explain. _____

Print Name _____ Title _____

School Name _____ School Phone _____

Home Phone _____ Cell Phone _____

School Address _____

City _____ State _____ ZIP _____

Email _____

Signature _____ Date _____