

ADMINISTRATOR RECOMMENDATION

CONFIDENTIAL

CHRISTCHURCH SCHOOL

Office of Admission

49 Seahorse Lane

Christchurch, Virginia 23031

Phone: 804-758-2306 Fax 804-758-0721

admission@christchurchschool.org

Applicant Name _____
FIRST MIDDLE LAST

The above-named student has applied for admission to Christchurch School, a college preparatory school for boarding boys and co-ed day students in grades 9 through 12 and post graduate. We would appreciate specific information on the applicant so that we can know more about his/her background, performance and achievement, and assess his/her suitability to Christchurch School.

What are the first three words that come to mind to describe the student?

Please indicate your evaluation of the student in comparison to other students with whom you have worked:

	Excellent	Good	Average	Below	Poor
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort/Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity (relative to age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect of Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect of Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please elaborate on areas of particular strength or weakness indicated above _____

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

Please describe the applicant's school environment. The admission committee is particularly interested in the applicant's involvement in extra-curricular activities: _____

Please describe any academic, athletic, social or personal achievements or problems of which you are aware: _____

Does the applicant interact well with peers? _____

Does the applicant interact well with adults? _____

Please comment on the student's character, citizenship and contribution to your community? _____

Has the student ever been dismissed, suspended, placed on probation, or received other serious disciplinary sanction? Yes No

Has the student withdrawn from school voluntarily for an extended period of time for reasons other than health? Yes No

If yes to either of the previous questions, please provide a full explanation on a separate sheet of paper.

Please indicate marking period/school calendar used at your school: Block Semester Quarter Trimester Other _____

If the student has not been in good academic standing, please explain _____

Are you aware of any emotional or physical limitations that might affect the applicant's involvement in any area of school life? _____

Is educational testing on the applicant available? _____

I recommend the applicant: With enthusiasm Strongly With reservations Not at all

What more would you like us to know about this applicant? _____

Thank you for your thoughtful comments and time.

Name _____
PRINT OR TYPE TITLE

School _____
PHONE EMAIL

Address _____
STREET CITY STATE ZIP CODE

Signature _____ Date _____