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Principal or Guidance Counselor Recommendation

For Grades K5-6th

Full Name of Student _____ Present Grade _____

Guidance Counselor's Name _____ School Phone # _____

Name of School _____

The above student is applying to FBCS and is requesting your recommendation. All responses will be kept in strict confidence. Mail directly to the address above and mark Attention: Elementary Admission.

1. How long have you known the student? _____

2. Has this student had a history of behavior problems? If yes, please explain. Yes No

3. Has this student ever been expelled or suspended? If yes, please explain. Yes No

4. For what outstanding awards and achievements has this student been recognized?

5. Please share with us about his/her attitude toward teachers and others in authority.

6. Have financial obligations been met in a timely manner? If no, please explain. Yes No

7. Do you recommend this student for admission to FBCS? Yes No

8. Will this student be permitted to re-enroll in your school? If no, please explain. Yes No