



Official Recommendation Form

This recommendation form is to be completed by your current principal, counselor or a teacher.
This form is due to the Main Office by January 31, 2012.

Applicant Name _____

Current School _____

Garces Memorial High School
2800 Loma Linda Drive
Bakersfield, CA 93305
661.327.2578 * FAX 661.327.5427
www.garces.org

RATING THIS STUDENT

To this School Official: Your statement will become part of our confidential admissions files for use only by appropriate officials of the school. At no time will the applicant have access to the file or will the file become part of any permanent records.

	Excellent	Good	Fair	Poor	Don't Know
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work/Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior/Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement with Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent involvement with the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

RECOMMENDATION

	Strongly (top 10%)	Favorably	With Reservations	Not at All	Prefer not to make a recommendation
Personally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

COMMENTS

Please make comments supporting your recommendation or any additional comments regarding this student. Please include any special accommodations this student has been given.

SCHOOL OFFICIAL

Signature _____ Print Name _____

Title _____ Date _____