



## Recommendation Form—Principal

Applicant's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Instructions to the Parents: Please fill in the name of the applicant, grade and date. Then give the form to your student's Principal or other authorized officer at his/her current school. Ask that it be completed and returned directly to WCS. Thank you.

My student is applying for admission to Wesleyan Christian School. I would appreciate your completing this form and returning it directly to the Director of Admissions at the fax or address given above. I hereby authorize the release of my child's records and evaluative data pursuant to this request. I understand that this information is confidential and further acknowledge that there is no future liability for either your offices or Wesleyan Christian School in the handling of this information.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Current School \_\_\_\_\_ Form Completed by \_\_\_\_\_ Date \_\_\_\_\_

Address of School \_\_\_\_\_

Phone Number \_\_\_\_\_ Length of time acquainted with student \_\_\_\_\_

**I would:**  highly recommend,  recommend, or  not recommend this student.

Please indicate your rating by numbers in the right-hand column. Use a question mark where you have insufficient evidence.

Rating	5	4	3	2	1	#
Integrity	Exceptionally upright	Noticeably upright	Upright, no cause to question	Weak or questionable	Record of dishonesty	
Conduct	Outstanding in every respect	Generally excellent	Good or acceptable	Marginal	Poor or reprehensible	
Leadership & Ability	Outstanding, top positions	Commendable, top or next to top positions	Capable, Minor positions	No sign of leadership or involvement	Record of irresponsibility	
Interest in Non-academic activities	Works very well with those in authority	Commendable, Top or next to top activities	Active	Minor participation	No participation	
Respect for Authority	Works very well with those in authority	Works well with those in authority	Respects authority	Periodic rebelliousness to authority	Often Unsupportive, critical of school	
Parental Support	Exceptional	Quite good	Average	Sometimes unsupportive	Often unsupportive, critical of school	
Summary	Outstanding	Excellent	Good	Fair	Poor	

**Please complete the back side of this form**

Does this applicant have any significant limitation (physical, social, emotional)? Y/N

If yes, please explain. \_\_\_\_\_

Is the applicant's record with you a true index of ability, or have outside circumstances interfered with academic achievement? (For example, illness, excessive involvement in extracurricular activities, difficult home situation, etc. ) Y/N

If not a true index, please explain. \_\_\_\_\_

\_\_\_\_\_

This student has been sent to my office for disciplinary problems:  often  seldom  never

This student has been suspended \_\_\_\_\_ times this year and \_\_\_\_\_ times in the past.

Has the student been suspended and therefore not eligible to return next year? Y/N

Are there any outstanding talent, accomplishment or reservations not covered above?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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