



WHITTIER CHRISTIAN HIGH SCHOOL

STUDENT RECOMMENDATION SCHOOL ADMINISTRATOR

To be completed by the Principal, Vice Principal or Guidance Counselor who knows the student best.

- INSTRUCTIONS (PARENTS):**
- Complete items **1** through **4**
 - Give this form to the principal or other authorized administrator at your son or daughter's current school
 - When completed, the administrator should mail it to the Admissions Office at WCHS in the envelope provided

1 STUDENT'S LEGAL NAME:	FIRST _____	LAST _____	2 GRADE APPLYING FOR:	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
				SEMESTER APPLYING FOR: <input type="checkbox"/> Fall <input type="checkbox"/> Spring			

By signing this form, I and my son or daughter are waiving all rights to read this confidential form.

3 Signature of Parent or Guardian _____ **4** Date _____

The family of the student above has applied for admission for their son or daughter to Whittier Christian High School. The information you provide will be held in strict confidence. At no time will the applicant have access to this information. This is for use only by appropriate officials at the school. It will not become part of any permanent records.

The Admissions Office of WCHS would appreciate your candid evaluation of this student to help process the application. Please complete this form and mail it to WCHS as soon as possible for application processing. Thank you for your time and input.

Please return this form in the envelope provided to: WCHS Admissions Office, 501 N. Beach Blvd., La Habra, CA 90631

PLEASE PRINT

Name of Administrator _____	Position _____
Name of School _____	Phone Number (____) _____

Length of time acquainted with student _____ Is the student's record with you a true index of ability? Yes No

Have outside circumstances interfered with academic achievement (for example: illness, excessive involvement in extracurricular activities, difficult home situation, etc.)? Yes No If yes, please explain: _____

Does the student have any significant limitations (physical, social, emotional)? _____

This student has been sent to my office for disciplinary problems Often Seldom Never

This student has been suspended _____ times. When & why? _____

Has the student been expelled? Yes No If yes, when & why? _____

This student's attendance has been Excellent Good Poor

Please indicate your opinion by checking the appropriate box for each of the items listed below.

RATING	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	MARGINAL	POOR	NOT KNOWN	SCHOOL STAMP REQUIRED
Behavior & Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parental Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Involvement in Extracurricular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Signature _____	Date _____
-----------------	------------