



Holy Martyrs Ferrahian High School
 Սրբոց Նահատակաց Ֆերահեան
 Երկրորդական Վարժարան

Holy Martyrs Marie Cabayan Elementary School
 Սրբոց Նահատակաց Գապայեան
 Նախակրթարան

RECOMMENDATION FORM

(TO BE COMPLETED BY AN ADMINISTRATOR)

| To Be Completed by Parent/Guardian | | | |
|---|-------|---------------------|--|
| Name of Student _____ | | | |
| Last | First | Middle | |
| Date of Birth _____ | | Current Grade _____ | |
| Parent/Guardian Name: _____ | | | |
| Last | First | Middle | |
| Address: _____ | | | |
| Number & Street | City | State/Zip Code | |
| Name of school currently attending: _____ | | Phone No. _____ | |

| To Be Completed by School Administrator | |
|--|------------------------|
| How long have you known the applicant and in what capacity? | |
| What are the academic strengths and weaknesses of the applicant? | |
| How would you characterize the applicant's overall behavioral conduct at your school? | |
| Are the parents involved in their child's education? Yes _____ No _____ Somewhat _____ | |
| Do the parents of this applicant fulfill their school financial responsibilities? Yes _____ No _____ | |
| Has the applicant ever been placed on probation or expelled from your school? Yes _____ No _____ | |
| <i>If yes, you may use the back of this form for additional comments.</i> | |
| _____ Name and title of person completing this form | _____ Telephone No. |
| _____ Signature and date | |



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RECOMMENDATION FORM

(TO BE COMPLETED BY A TEACHER)

| To Be Completed by Parent/Guardian | | | |
|---|-------|---------------------------|-----------------|
| Name of Student _____ | | | |
| Last | First | Middle | |
| Date of Birth _____ | | Current Grade Level _____ | |
| Parent/Guardian Name: _____ | | | |
| Last | First | Middle | |
| Address: _____ | | | |
| Number & Street | | City | State/Zip Code |
| School currently attending: _____ | | | Phone No. _____ |

| To Be Completed by Teacher | |
|---|------------------------|
| How long have you known the applicant and in what capacity? | |
| What are the academic strengths and weaknesses of the applicant? | |
| How would you characterize the applicant's overall classroom conduct? | |
| Are the parents involved in their child's education? Yes ____ No ____ To a certain extent _____ | |
| Additional Comments: | |
| _____ Name and title of person completing this form | _____ Telephone No. |
| _____ Signature and date | |