



A program of Seeds of Health, Inc.



Veritas High School
3025 West Oklahoma Avenue
Milwaukee, WI 53215
tel 414.389.5575
fax 414.389.5576

Confidential Recommendation Form

Student Information:

Current School:

Teacher/Administrator:

Last Name:

First Name:

Teacher/Administrator: This student is applying for admission to Veritas High School. Please complete the form below and return to George Thimmesch at Veritas High School via fax at 414.389.5576, email to gthimmesch@seedsofhealth.org, or mail to the address above.

Please check one rating for each item below:

	Excellent	Good	Fair	Poor
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide the following student information:

- Academic Performance: _____

- Character: _____

- Other: _____

Signature of Subject Area Teacher

Subject Area

Date

****Please attach a copy of the student's most recent statewide or benchmark testing results (e.g. MAP, STAR, Wisconsin Forward Exam). This information will be used only for placement purposes if the student is accepted and chooses to attend Veritas.**

This institution is an equal opportunity provider.