



SCHOOL RECOMMENDATION FOR STUDENT

**Instructions to Parent/Guardian:** Complete the Student Information section below, then forward this form to your current school principal or guidance counselor and request that it be completed by them and returned to our school.

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

***I, the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-380 to inspect or challenge the content and comments expressed in this "School Recommendation for Student."***

Signed by Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**SCHOOL RECOMMENDATION**

**Instructions to Principal or Guidance Counselor:** Please complete the following information regarding this student and mail this form to us. All information will be held strictly confidential. We thank you for your assistance.

1. How long have you known this student? \_\_\_\_\_
2. Has this student been sent to the office for behavior issues?  Yes  No  
If "Yes", please indicate frequency:  Seldom  Often
3. Please check all boxes that apply to this student:  
 Placed on academic probation  Placed on behavioral probation  
 Placed on academic suspension  Placed on behavioral suspension
4. Has this student had attendance problems?  Yes  No
5. Has this student been expelled or is the student ineligible to return to your school?  Yes  No
6. Has this student ever been involved in inappropriate sexual behaviors at school?  Yes  No
7. Has this student ever been in possession of illegal substances or dangerous weapons on school grounds?  
 Yes  No
8. Has this student ever been involved in gang, satanic, or cult-related activities on school grounds?  
 Yes  No

(over)

9. Please rate this student in the following areas:

- |                        |                                    |                                      |                                  |                                   |   |
|------------------------|------------------------------------|--------------------------------------|----------------------------------|-----------------------------------|---|
| Academics:             | <input type="checkbox"/> Excellent | <input type="checkbox"/> Commendable | <input type="checkbox"/> Average | <input type="checkbox"/> Marginal | <input type="checkbox"/> Unsatisfactory |
| Conduct:               | <input type="checkbox"/> Excellent | <input type="checkbox"/> Commendable | <input type="checkbox"/> Average | <input type="checkbox"/> Marginal | <input type="checkbox"/> Unsatisfactory |
| Integrity/Honesty:     | <input type="checkbox"/> Excellent | <input type="checkbox"/> Commendable | <input type="checkbox"/> Average | <input type="checkbox"/> Marginal | <input type="checkbox"/> Unsatisfactory |
| Parental Support:      | <input type="checkbox"/> Excellent | <input type="checkbox"/> Commendable | <input type="checkbox"/> Average | <input type="checkbox"/> Marginal | <input type="checkbox"/> Unsatisfactory |
| Peer Relationships:    | <input type="checkbox"/> Excellent | <input type="checkbox"/> Commendable | <input type="checkbox"/> Average | <input type="checkbox"/> Marginal | <input type="checkbox"/> Unsatisfactory |
| Respect for Authority: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Commendable | <input type="checkbox"/> Average | <input type="checkbox"/> Marginal | <input type="checkbox"/> Unsatisfactory |

10. Please provide any other comments you feel would assist us in our admissions decision about this student:

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***This form has been completed by:***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Please return this form to: Sussex Christian School  
51 Unionville Avenue  
Sussex, NJ 07461  
Phone: 973.875.5595  
Fax: 973.875.5420  
Email: office@sussexchristianschool.org