



**WHITTIER CHRISTIAN  
HIGH SCHOOL**  
EQUIPPING THE MIND & SPIRIT

**STUDENT RECOMMENDATION  
SCHOOL ADMINISTRATOR**

To be completed by 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

<b>1</b> STUDENT'S LEGAL NAME:	FIRST	LAST	<b>2</b> 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, P.O. Box 1307, Whittier, CA 90609

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
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
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