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 current school can either email this form to the WCHS Admissions office at lchen@wchs.com or mail it to: WCHS Admissions Office, 501 N. Beach Blvd., La Habra, CA 90631

❶ **STUDENT'S LEGAL NAME:** FIRST LAST	❷ **GRADE APPLYING FOR:** ❑ 9 ❑ 10 ❑ 11 ❑ 12 **SEMESTER APPLYING FOR:** ❑ Fall ❑ Spring

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

❸ Signature of Parent or Guardian _____ ❹ 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 return to WCHS as soon as possible for application processing. Thank you for your time and input.

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 activites, 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	❑	❑	❑	❑	❑	❑
Leadership	❑	❑	❑	❑	❑	❑
Parental Support	❑	❑	❑	❑	❑	❑
Involvement in Extracurricular activities	❑	❑	❑	❑	❑	❑
Respect for Authority	❑	❑	❑	❑	❑	❑

SCHOOL STAMP REQUIRED

Signature	**Date**