



# Application for Admission

TEACHER RECOMMENDATION (CONFIDENTIAL)

## TO THE PARENT

This recommendation is for students applying for 1<sup>st</sup> to 9<sup>th</sup> grades. Please fill this section out and give it to your child's teacher.

STUDENT'S NAME: \_\_\_\_\_

ACTUAL GRADE LEVEL: \_\_\_\_\_ APPLYING FOR SCHOOL YEAR: \_\_\_\_\_

## TO THE TEACHER

THANK YOU FOR YOUR TIME AND SINCERITY TO ANSWER THIS APPLICATION. PLEASE SEND IT BACK BY E-MAIL: **Kindergarten and 1<sup>st</sup> grade:** karen.salazar@laf.edu.mx, **2<sup>nd</sup> to 9<sup>th</sup> grade:** melina.trejo@laf.edu.mx or in a sealed envelope to Liceo Anglo Francés Admission Department.

TEACHER'S NAME: \_\_\_\_\_

1. How long have you known the student? \_\_\_\_\_

2. PLEASE COMPLETE THE TABLE BELOW

QUALITIES	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	LOW	DON'T KNOW
Intellectual Curiosity						
Problem Solving						
Motivation						
Initiative						
Writing						
Oral Expression						
Creativity						
Leadership						
Emotional Stability						
Sense of Humor						
Study Habits						
Organizational Skills						
Integrity						
Team Work						
Independent Work						
Classroom Behavior						
Cares About Others						
Relation with Peers						
Involvement of Parents						

3. Use three words to describe the student:

a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_

4. Do you know if the student has been suspended, expelled, or has been involved in any other disciplinary action? \_\_\_\_\_  
\_\_\_\_\_

5. Do you know in what areas the student needs support: academic, social or emotional?  
Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In relation to the student's potential, how has he/she performed academically?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the student's academic record is not a true reflection of his or her abilities, please explain the factors that have played a role in his or her progress.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Recommend this student for admission to Liceo Anglo Francés:

	HIGHLY	YES	YES WITH RESERVATIONS	NO
ACADEMIC PROMISE				
PERSONAL QUALITIES				

SCHOOL NAME: \_\_\_\_\_

SCHOOL PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
Teacher's Signature