



HIGHLANDS  
LATIN SCHOOL

**STUDENT RECOMMENDATION FORM**

*Parents: Please have this form filled out by an individual who has had direct involvement with your child in an instructional setting. (school teacher, Sunday school teacher, coach etc.)*

Name of Applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what context did you teach the applicant? \_\_\_\_\_

1. Please describe how the applicant interacts with others in a classroom setting.

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2. From your perspective does the applicant receive good academic and disciplinary support from his/her parents?

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3. What, if any, social or academic concerns do you have regarding the applicant?

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4. What, if any, disciplinary concerns do you have in regard to the applicant?

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*Please check the line which most appropriately describes the applicant.*

	Always	Usually	Sometimes	Rarely
1. Exhibits a teachable attitude.	_____	_____	_____	_____
2. Follows instructions.	_____	_____	_____	_____
3. Contributes positively in group setting.	_____	_____	_____	_____
4. Respects authority.	_____	_____	_____	_____
5. Works well with others.	_____	_____	_____	_____
6. Has regular attendance.	_____	_____	_____	_____
7. Completes assignments on time.	_____	_____	_____	_____
8. Pays attention in class.	_____	_____	_____	_____

Your name: \_\_\_\_\_

May we contact you for further questions? Yes \_\_\_\_\_ No \_\_\_\_\_

**Contact Information:**

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please return this Student Recommendation Form to the applicant in a sealed envelope or mail directly to *Highlands Latin School Indianapolis, P.O. Box 4462 Carmel, IN 46082*