



St. Christopher's By-the-Sea

Episcopal Church and Montessori School

Principal Recommendation

Name _____

Grade _____

This student has applied for admission to St. Christopher's Episcopal Montessori School. The Head of School appreciates your opinions. They will be an important part of this student's application profile. Please complete and return the form to: St. Christopher's Episcopal Montessori School, 95 Harbor Dr. Key Biscayne, FL 33149.

How long have you known the student?

What do you consider the child's strengths and gifts?

What do you consider the child's area of growth?

Is the applicants eligible to re enter your school next term? ___ yes ___ no. If no (please explain)

Has the applicant been involved in acts of dishonesty? ___ yes ___ no

Has the applicant had any physical or problems? ___yes ___ no

Is the student qualified for any special learning programs? ___ yes ___ no

If yes, please explain _____

Has applicant been disciplined by administrative officers? ___ yes ___ no

Has applicant been suspended or expelled from your school? ___ yes ___ no

For Academic Promise:

Difficult to Recommend ___ With Reservation ___ Recommend ___ Enthusiastically ___

For Character and Personal Promise:

Difficult to Recommend ___ With Reservation ___ Recommend ___ Enthusiastically ___

Do the parents meet financial obligations in a timely manner? ___ yes ___ no

Do the parents attend parent-teacher conferences and participate school-related events?

Name (Please print) Title

School Phone

Address

City State Zip

Signature Date