

THE *Valley* SCHOOLS

15700 Sherman Way
Van Nuys, CA 91406
(818) 786-4720

James Haddad
Principal

TEACHER/COUNSELOR RECOMMENDATION
GRADES 4-8

To the Applicant:

Fill out the top portion of this form and give it your teacher/counselor. Your teacher will mail it directly to the school.

Name of Applicant: _____

Home Address: _____

School: _____ Phone Number: _____

Grade applying for: _____

NOTE: THIS FORM IS FOR ADMISSIONS USE ONLY AND WILL NOT BECOME PART OF THE STUDENTS PERMANENT RECORD. IT WILL NOT BE OPEN TO GENERAL REVIEW.



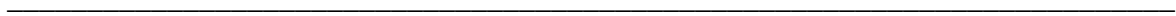
To the Teacher:

The above named candidate is applying for admission to Valley School. The admissions committee needs thorough evaluations in order to aid them in the decision-making process. This form is confidential and will not be made available to the student. **Please mail directly to:**

**Valley School
Attn: Mr. Haddad
15700 Sherman Way
Van Nuys, CA 91406**

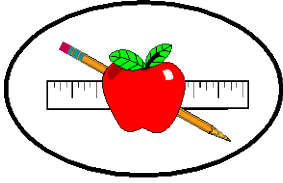
Please answer in the space provided:

How long have you known the applicant? In what capacity? _____



What do you think are the student's main strengths? _____





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Teacher (please print): _____ **School:** _____

Signature: _____ **Date:** _____