

MIDDLE SCHOOL TEACHER RECOMMENDATION FORM

To the Parent:

Telephone Number

Greene Hill School (GHS) requires that applicants to middle school submit two academic recommendations from current teachers (math, english, history, science, or foreign language).

PARENT/GUARDIAN CONSENT

We understand that academic recommendations are a part and will be used for GHS admissions purposes only.	of the admissions appplication. The information pro	ovided by the teacher is confidentia					
Signature of Parent/Guardian	Date	Date					
Please fill out the following information for the teacher pro	viding the recommendation:						
Name of Applicant	Current School	Grade					
To the Teacher:							
Thank you for taking a few moments to share your thoughts if this applicant is a good fit for Greene Hill School.	s on this applicant's abilities and motivation. As a te	acher, you can help us understand					
In addition to describing the applicant's abilities, we ask the part of the student's admissions file and will remain confid		omments will become					
Thank you for your assistance. If you have any questions, p	lease email admissions@greenehillschool.org.						
Tanahan Nama	Cubinet						
Teacher Name	Subject						
Address							

Email



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In the space below, briefly describe the applicant with particul and participation within your class and school community. You						sonal character, learning styl	<u>,</u>
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							_
Check boxes below:	ALWA	NYS	MOST OFTEN (OCCASIONALL)	/ NEVER		
HANDS IN WORK PROMPTLY							
COMPLETES ASSIGNMENTS THOROUGHLY		\neg					
MASTERS NEW CONCEPTS							
ASKS FOR HELP WHEN NEEDED		\neg					
WORKS WELL WITH PEERS		Ť					
ORGANIZES TIME AND WORK		\neg					
EXHIBITS APPROPRIATE CLASSROOM BEHAVIOR							
Signature		Date					
Title		Telephone					

Please mail completed form to: 39 Adelphi Street, Brooklyn NY 11205, Attn: Middle School Admissions You may also return this form to the child's family in a sealed envelope to be submitted with the rest of the application.