Le Lycée Français de Los Angeles

CONFIDENTIAL RECOMMENDATION FORM

PLEASE PRINT CLEARLY APPLICANT'S NAME: APPLYING FOR GRADE: _____ CURRENT SCHOOL: ____ ______ TITLE: ____ YOUR NAME: ____ TEL: (_____) I have known this student for _____ years. Le Lycée Français de Los Angeles requires two (2) Letters of Recommendation from the Applicant's teachers and one (1) Letter of Recommendation from Applicant's Director/Head of School/Principal. Please provide a brief evaluation of the applicant's personal and academic strengths and weaknesses. Has the student demonstrated any attitudinal or disciplinary problems that might negatively influence classmates, teachers, or the school community as a whole? Yes O No O If Yes, please give examples. Is the student leaving your school in good standing (academically, financially, etc.)? Yes O No O If no, please explain: _____ Did the parents demonstrate positive participation with regards to ... School Community? Yes O No O Child's Education? Yes No No Financial Accountability? Yes No No On a scale of 1 through 5, 1 being the HIGHEST recommendation and 5 the lowest, how would you recommend this child for admission to Le Lycée Français de Los Angeles? 2 3 4 Good Thank you very much for your time and cooperation. Please scan and email this form directly to admissions@lyceela.org or mail to Admissions, Le Lycée Français de Los Angeles, 3261 Overland Avenue, Los Angeles, CA 90034-3589. ______ Date: ___