

**RECOMMENDATION FORM**

*Principal or Head of School*



Student name \_\_\_\_\_ Applicant for grade \_\_\_\_\_

Current school \_\_\_\_\_

School address \_\_\_\_\_

Teacher's name \_\_\_\_\_ Phone \_\_\_\_\_

The child named above has applied for admission to Stevens Cooperative School. In order to best serve this child and family, we would appreciate your cooperation answering the following questions. This information will remain confidential and is never shared with parents. Thank you for your time and insights. Please return this form to Stevens Cooperative School no later than January 15<sup>th</sup>.

Is there anything significant about the child's home life that might be helpful to us (new baby, recent move, divorce or separation, etc.)?

Have all financial obligations been met?

Have you received active cooperation from parents?

Please describe the parents' involvement with the school.

Additional Comments (please use the back if necessary):

\_\_\_\_\_  
Signature of Principal or Head of School

\_\_\_\_\_  
Date of Request

*Please complete and send to: Stevens Cooperative School, Admissions Office, 100 River Drive S., Jersey City, NJ 07310*