



I/we understand that this recommendation and all recommendations remain completely confidential, and are NOT transferable.

Parent/Guardian Signature

Date

CRESPI CARMELITE HIGH SCHOOL
5031 Alonzo Avenue
Encino, California 91316
818 654-1329

Please fax or mail (in a sealed envelope) this form directly to Crespi Carmelite High School to:

Mr. Rob Kodama
Crespi Carmelite High School
5031 Alonzo Avenue
Encino, CA 91316
FAX: 818/705-0209

PERSONAL RECOMMENDATION FORM (Optional)

Applicant's Name: _____
(Please print)

Candidate for Grade: _____

Your Name: _____ Telephone: (____) _____
(Please print)

E-mail: _____

Address: _____

How do you know the applicant? _____

How long have you known the applicant? _____

Are there any comments you would like to offer concerning this applicant?

Your statement will become a part of our confidential admissions file for use only by appropriate officials of the school.

Recommendation: I do ___ do not _____ recommend this candidate for admission.

Signature: _____ Date: _____