



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

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
818/654-1329
FAX: 818/705-0209

PRINCIPAL / COUNSELOR RECOMMENDATION FORM (Required)

Applicant's Name: _____
(Please print)

Principal/Counselor Name: _____
(Please print)

School: _____ Phone _____

E-mail: _____

Address: _____

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

I do _____ I do not _____ recommend this candidate for admission.

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

Signature: _____ Date: _____