



St. Joseph Central Catholic High School Teacher Recommendation Form

INSTRUCTIONS TO PARENTS: Please complete this section and give this form to your child's current mathematics teacher. Your signature indicates that you understand that this is a confidential recommendation and is required for your child to take BOTH Geometry and Algebra II at St. Joseph Central Catholic High School.

Applicant Name: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

INSTRUCTIONS TO TEACHER: Please complete this recommendation and return it to Mrs. Webb at St. Joseph High School **OR** in a sealed envelop to the student. This information will remain confidential and will not be disclosed to the student's parent/guardian.

Does this student receive any special accommodations in mathematics? _____YES _____NO

If yes, please explain: _____

Please check one of the following regarding this student taking BOTH Geometry and Algebra II in the same academic year:

_____ I highly recommend

_____ I do not recommend

Please give a brief explanation as to why you recommend or do not recommend this student:

Teacher Name: _____ School: _____

Teacher Signature: _____ Date: _____

Email: _____