

**CONFIDENTIAL TEACHER RECOMMENDATION
NEW COVENANT SCHOOL**

(Parents, please complete this section along with a signature.)

Name of Applicant _____ Grade for which Applying _____

I waive any rights to view this confidential recommendation form for my child. Date: _____

Signature _____ (Parent or Guardian)

The above named student is seeking admission to New Covenant School of Anderson, South Carolina
If you wish to discuss the student personally rather than complete this form, please check here , sign the form at the bottom, and include your telephone number. Someone from New Covenant School will call you to discuss the applicant with you.

Please circle your response to the following areas for the student. The scale is as follows:
Superior = 1, Above Average = 2, Average Ability = 3, Marginal Ability = 4, Poor Student = 5,
Unable to Rate = 6

Areas:

Academic Ability	1	2	3	4	5	6
Independent Work and Study Habits	1	2	3	4	5	6
Integrity	1	2	3	4	5	6
Conduct	1	2	3	4	5	6
Motivation	1	2	3	4	5	6
Attitude and Cooperation	1	2	3	4	5	6
Maturity and Stability	1	2	3	4	5	6
Overall Recommendation as a Student	1	2	3	4	5	6

1. List any outstanding abilities or deficiencies not covered by the above categories: _____

2. Does the applicant have any specific limitations? _____

3. Has there been a need for administrative involvement in disciplinary action regarding this student?

Yes ___ No ___ Explain if Yes _____

4. Please circle level of parental involvement: Very Often Often Seldom Never

Date _____ Signature _____ Title _____

School _____ Area Code & Phone Number _____

After completion, please mail directly to Administrator, New Covenant School, 303 Simpson Rd., Anderson, SC 29621. (864) 224-5675. The fax number is (864) 224-5985.