

Loving Savior of the Hills Lutheran School

14816 Peyton Drive - Chino Hills, CA 91709

(909) 597-2948 * Fax (909) 393-4659

Student Recommendation Form Grades 1-8

Email: admissions@loving				
Dear Parent:				
Please complete the top of the form & ask the s	tudent's current	teacher to fill	out the bottom	portion.
Name of Student:	Grade Attending Now:			
Current Teacher:	Current School:			
Name of Parent:	Signature:			_
The above student has applied for admission to Loving Savior Lutheran School. Please return the completed form to Loving Savior School - via Fax, Mail, or Email. Do not return the form to the applicant or applicant's parent.				
Student Rating	Excellent	Good	Average	Poor
Sense of Responsibility: Concerned with welfare and rights of others; respects other's and school's property; follows school rules and regulations; maintains appropriate classroom behavior.				
Personal Relationships: Works well in groups; liked by students/adults; relates to peers and adults in a respectful manner; has good moral & personal qualities.				
Initiative and Leadership: Often called upon to lead group activities; voluntarily participates in class and co-curricular activities.				
Cooperation/Motivation				
General Conduct/Effort				
Work and Study Habits				
Attendance at school: Number of absences: Number of tardies:				
1. Does the student have any known and diagnosed learning differences? (i.e.: IEP) YES NO (If YES, please state the nature of the learning difference and include any documention.)				
2. Has any disciplinary action ever been taken with this student? (i.e.: Detention, Suspension, and Expulsion) (If YES, please explain.) YES NO				
3. Please list areas that need improvement: 4. Please list areas of strengths:				
*Recommendation - Please check one of the below r	esponses:			

Teacher Signature School Date