

Via di Villa Lauchli 180 - 00191 Rome, Italy
Telephone (06) 3629101 Facsimile (06) 36301738
e-mail: admissions@marymountrome.com

RECOMMENDATION FORM

Counselor
Principal

Name of the Applicant: _____ Applying for Grade _____

School and address: _____

To the Applicant: Please give this form to your Counselor/Principal and ask him /her to complete and return it with the completed teacher recommendation form and a copy of your school records to Marymount International School Admission Office.

To the Counselor/Principal: The student whose name appears above is applying for admission to Marymount International School. Your candid assessment of this student's intellectual and personal qualities is important to the Board of Admission in making its selection of suitable applicants. All information submitted will be held in the strictest confidence. Please e-mail directly to Marymount School together with the teacher recommendation form.

1. How long have you known this Applicant? _____

2. Please give your view of this Applicant's academic ability:

3. Will this Applicant be able to undertake a full program of studies taught in English?

4. Does this child have any special needs? _____

5. Please check the boxes below on how you would rate this Applicant's character and personality:

No basis
for a
rating

Excellent **Very good** **Good** **Average** **Below average** **Poor**
(top 10%) (well above average) (above average)

Relationship with other students						
Relationship with teachers						
Maturity						
Self-discipline						
Energy						
Self-confidence						
Warmth of personality						
Sense of humor						
Concern for others						
Reaction to criticism						
Perseverance under pressure						
Leadership						

Over...

6. Has disciplinary action been taken against this Applicant? Yes _____ No _____

If yes, please explain: _____

7. We welcome any information you can give us about this student "as a person". Description of both strengths and weaknesses are helpful, as are any specific examples of special personal qualities or talents. Please feel free to offer any additional comments you think may be helpful to the Board of Admission. _____

Name of Counselor/Principal: _____ Signature: _____

Telephone: _____ e-mail: _____

Date: _____

We are extremely grateful for your assistance and thank you for giving your time to this matter.