Le Lycée Français de Los Angeles

CONFIDENTIAL RECOMMENDATION FORM

PLEASE PRINT CLEARLY

APPLICANT'S NAME: _____

APPLYING FOR GRADE: _____ CURRENT SCHOOL: _____

YOUR NAME: _____ TITLE: _____

TEL: (_____) _____ I have known this student for _____ years.

Le Lycée Français de Los Angeles requires two (2) Letters of Recommendation from the Applicant's teachers and one (1) Letter of Recommendation from Applicant's Director/Head of School/Principal.

Please provide a brief evaluation of the applicant's personal and academic strengths and weaknesses.

_____

_____

_____

Has the student demonstrated any attitudinal or disciplinary problems that might negatively influence classmates, teachers, or the school community as a whole? Yes ◯ No ◯

If Yes, please give examples. _____

_____

_____

Is the student leaving your school in good standing (academically, financially, etc.)? Yes ◯ No ◯

If no, please explain: _____

Did the parents demonstrate positive participation with regards to ...

School Community? Yes ◯ No ◯

Child's Education? Yes ◯ No ◯

Financial Accountability? Yes ◯ No ◯

On a scale of 1 through 5, 1 being the HIGHEST recommendation and 5 the lowest, how would you recommend this child for admission to Le Lycée Français de Los Angeles?

1	2	3	4	5
Good				Poor

Thank you very much for your time and cooperation. Please scan and email this form directly to admissions@lyceela.org or mail to Admissions, Le Lycée Français de Los Angeles, 3261 Overland Avenue, Los Angeles, CA 90034-3589.

Signature: _____ Date: _____