

2024-2025 1st-8th Grade
Student Recommendation



To be completed by current teacher or principal.

Name of Student: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Applying for Grade: _____ Current School : _____

Parent Name: _____ Parent Signature: _____

Dear Sir or Madam:

The above student has applied for admission to St. John's Lutheran School in Bakersfield, CA. Please complete the following information as accurately as possible.

*Do not return the form to the applicant or the applicant's parent.
See instructions below for submitting this recommendation.*

Item	4	3	2	1	Rating
Academic Ability	Exceptional Ability	Average Ability	Lower/Marginal Ability	Poor Ability	
Homework Responsibility	Always on Time	Usually on Time	Frequently Missing	Record of Irresponsibility	
Reading Comprehension	Outstanding Comprehension	Grade Level Comprehension	Below Grade Level Comprehension	Poor Comprehension	
Behavior and Attitude	Outstanding in Every Respect	Good or Acceptable	Marginal Behavior and/or Attitude	Poor Behavior and/or Attitude	
Work Ethic	Works Independently	Usually on Task	Frequently Off Task	Consistently Needs Attention	
Peer Relationships	Highly Respected	Usually No Problem	Some Difficulty in Cultivation	Poor, Unhealthy, and/or Unskilled	

To the best of your knowledge, are there any known or diagnosed learning differences? Yes No
If yes, please explain: _____

Please add any other helpful information for us to consider for enrollment purposes.

Recommendation:

- Highly Recommend
- Recommend
- Recommend with reservation
- Do Not Recommend

Signature of person completing this recommendation: _____

Printed name of person completing recommendation: _____

Date completed: _____ Your relationship to the student: _____

Phone number at which you can be reached during the day: _____

Mail, fax, or email completed form to:
St. John's Lutheran School, 4500 Buena Vista Road, Bakersfield, CA 93311 Attention: Admissions
Fax: (661) 664-1327 **Email:** school@sjlschool.org