



TEACHER RECOMMENDATIONS

PLEASE PRINT LEGIBLY

PARENT/GUARDIAN CONSENT

STUDENT LAST NAME

STUDENT FIRST NAME

CURRENT GRADE

NAME OF CURRENT SCHOOL WHERE STUDENT IS ENROLLED

I hereby give my consent for my student's current Math/ELA teacher or Guidance Counselor to complete this course recommendation form.

PARENT NAME: _____
(PLEASE PRINT)

PARENT SIGNATURE: _____
DATE

-----**BELOW SECTION TO BE COMPLETED BY STUDENT'S CURRENT SCHOOL**-----

MATH RECOMMENDATION

Please indicate which level Math course you are recommending for the above listed student for next school year:

☐ Academic

☐ Honors

Teacher/Counselor Name: _____
(PLEASE PRINT)

Teacher/Counselor Signature: _____
DATE

Teacher/Counselor Email: _____

ELA RECOMMENDATION

Please indicate which level ELA course you are recommending for the above listed student for next school year:

☐ Academic

☐ Honors

Teacher/Counselor Name: _____
(PLEASE PRINT)

Teacher/Counselor Signature: _____
DATE

Teacher/Counselor Email: _____