



VAIL CHRISTIAN HIGH SCHOOL | ADMINISTRATOR RECOMMENDATION

TO BE COMPLETED BY THE APPLICANT:

Name of Applicant: _____ Age: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Current School: _____

Grade for which you are applying to VCHS: _____

WAIVER OF ACCESS

I will not seek access to this confidential recommendation submitted exclusively for the purposes of admission and academic counseling.

1. Applicants and their families do not have access to their admissions files during the admissions process.
2. Non-matriculated, waiting pool, and rejected applicants and their families do not have access to their files.
3. Matriculated students and their families do not have access to this recommendation if they have signed this waiver.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

TO BE COMPLETED BY ADMINISTRATOR:

The above applicant has applied for admission to Vail Christian High School, a college prep school with a rigorous academic program. We would appreciate your candid appraisal of the applicant's academic performance, intellectual promise, and personal character. Please complete both pages of this form and return to Vail Christian High School.

Whenever possible, please add any additional comments that would be helpful in the admissions process.

Please check how you rate the applicant in terms of academic skills and potential:

	Poor	Fair	Good	Excellent
Potential as a student				
Attitude toward academics				
Respect for school rules				
Peer group relations				
Cooperation with faculty				
Family's relationship with school				

Background Information:

How long have you known the applicant?

Has the applicant ever been suspended or otherwise disciplined for violations of a major school rule?

No: _____ Yes : _____

If "Yes," please explain.

Evaluation:

What are the first words that come to mind when describing the applicant?

What do you consider to be the applicant's greatest strength academically and personally?

Please comment on any emotional, social, physical or hearing disability problems of which we should be aware.

_____ Please check here if you would like to speak to the Director of Admissions.

What is your overall recommendation for this applicant?

- Cannot Recommend
- Recommend with Reservation
- Recommend
- Strongly recommend
- Highly recommend

Administrator's Name _____

School _____

Signature _____

Phone Number _____ Date _____

Please return to: Vail Christian High School | Attn: Admissions Office | 31621 Hwy 6 Edwards, CO 81632
Phone: (970) 766-4125 | Fax: (970) 569-3047 | Email: kmaslan@vchsweb.org