

York Preparatory School



40 West 68th Street
New York, NY 10023-6092
212-362-0400 Fax 212-362-7424
E-mail: admissions@yorkprep.org
www.yorkprep.org

TEACHER RECOMMENDATION FORM

Applicant's Name: _____

Current School: _____ Current Grade: _____

Teacher's Name: _____

Subject Taught: _____

School E-Mail or Address: _____

TO THE PARENT:

Please fill out the information above and give this form, along with a stamped envelope, to two of your child's current teachers, addressed to:

**Admissions Office
York Prep School
40 West 68th Street
New York, NY 10023**

TO THE SCHOOL:

This student is applying for admission to York Prep School. Please complete the reverse side of this form and return it to us as soon as possible. Your comments will become part of the student's application and will remain confidential. **Thank you for your assistance.**

Student's Name: _____

In the space below, briefly describe the applicant's academic performance, character, learning style and contributions to the school community.

Check boxes below. Compare to other students of the same age.

	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
Hands in work on time				
Completes assignments				
Asks for help when needed				
Works well with peers				
Emotional maturity				
Exhibits appropriate classroom behavior				
Focus/classroom participation				

Signed _____

Date _____

Title _____

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Student Name _____ Current Grade _____

Name of Course

Textbook Used

Topics Covered

Academic Achievement

Strengths and Weaknesses