



# Welsh Hills School

## Student Recommendation Grades 4-12

**Applicant:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

The student above has applied for admission to Welsh Hills School. Please complete and submit as soon as possible. Recommendations may be submitted via email to [info@welshhills.org](mailto:info@welshhills.org), fax to 740-920-4326, or mail to WHS 2610 Newark-Granville Rd. Granville, OH 43023. All recommendations are confidential.

**Recommender:** \_\_\_\_\_

Principal       Teacher       Guidance Counselor       Other \_\_\_\_\_

**How long, and in what capacity, have you known the applicant?**

---

---

---

**Describe the applicant's academic engagement and ability:**

---

---

---

---

**Please list any school and / or community activities in which the applicant participates:**

---

---

---

---

**Describe the applicant's strengths:**

---

---

---

---

**Describe the applicant's challenges:**

---

---

---

---

**Describe the applicant's relationships / interactions with peers:**

---

---

---

---

**Describe the applicant's relationships / interactions with adults:**

---

---

---

---

**Taking into consideration that WHS students are expected to be engaged, independent learners, would you recommend this applicant for admission to Welsh Hills School?**

YES     NO

**Please elaborate:**

---

---

---

---

**Please tell us about anything else you would like to share about this applicant:**

---

---

---

---

**Recommender (print):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_