6303 Riggs Road Hyattsville, MD 20783

TEL: 301-559-6710 FAX: 301-559-6444

WEB: www.gepeters.org

Recommendation for Admissions

To be completed by your Principal, Vice Principal, or Teacher.

Last Name	First Name	Midd	lle Name
	1	1	
U.S. Social Security Number	Birth Date (M/D/Y)	Place of Birth	Country of Citizenship
	ı	l	
Current Address	City	State	Zip Code
ERSON COMPLETING THIS	FOPM:		
The student whose name appears on this much attention is given to character, pers complete and honest opinion of the appli mail to the above mentioned address.	sonality, and academic rigor. Ac	ccordingly, the Admissions	Committee would appreciate your
1. What typical grades did the stu	ndent make last school yea	ar?	
2. Does the student have any spec	cial academic needs?	Yes	No If Yes, please explain
3. Was the student in any special If Yes, what were the	= =	ceiving special service	s? Yes No
4. Were there any discipline prob	olems? Yes	No If Ye	es, what were they?

6. Did student get along v	vell with other students? Please expl	ain.		
7. How long have you kno	ow this student?	months	months/years	
8. Any other relevant info	ormation you may like to add?	Yes No	If Yes, explain below	
I recommend	ase mark one) without reservations with reservations mmend at this time			
I would prefe	er talking to you personally	Telephone Number		
INFORMATION AND	JONATURE.	ı		
		I		
Name	School	Positio	n 	