



Ashbrook Independent School New Admissions - Teacher Recommendation Form

Use this form for students **entering Preschool (3 year old class), Pre-Kindergarten (4 year old class) or Kindergarten**. This form is completed by the student's current school teacher, child care provider, or someone other than a relative with whom the child has ongoing contact in a group setting. This form must be in the Admissions File prior to the student Admissions Visit.

This portion is completed by **Parent** prior to giving to Teacher completing the recommendation.

Student's First & Last Name Applicant for Grade

DATED NEEDED BY THE SCHOOL: _____

(Please ensure enough time for the form to arrive in the postal mail or scan/email to admissions@ashbrookschool.org BEFORE the scheduled Student Admissions Visit)

This portion is completed by **Teacher, Child Care Provider or Non-Relative** with information about the student in a group setting.

Teacher Name (printed) Job Role

School or Day Care Name & Location Phone

Signature Date

Teacher: Please complete this recommendation form according to your experience with the student. Also please know that the Ashbrook staff appreciates your time and effort on behalf of this student. Thank you.

If you have any questions regarding the process for completing this form, please contact the parent and/or Ashbrook's Admissions at admissions@ashbrookschool.org.

Please mail, email, or FAX to:

Ashbrook Independent School
4045 SW Research Way
Corvallis, OR 97333
541-766-8313
Fax 541-766-1066
www.ashbrookschool.org

Recommendation for Student: _____

