



Letter of Recommendation for Kindergarten

Student Name

first name

middle name

last name

I hereby authorize release of my child's records to Legacy Christian Academy:

signature of parent

date

The following is to be completed by authorized staff personnel at the school, church or childcare facility where this student is currently enrolled.

Current School

name

address

telephone

In what capacity and for how long have you known the student?

Please comment on the student's attitude toward learning.

To your knowledge, has this student had any history of conduct or behavior problems?

Does this student have any history of a learning disability, or has he/she required any special help to meet academic requirements? If yes, please explain.

Yes

No

Would this student be a good candidate to start kindergarten in the fall?

Yes

No

Would this student be a good candidate for a structured all-day, every day kindergarten class? Why or why not?

signature of teacher or administrator

date