

ATHLETICS RECOMMENDATION FORM (OPTIONAL)

FOR APPLICANTS TO MIDDLE AND UPPER SCHOOLS

(Note: This form is not required, but applicants to Grades Six through Twelve may ask someone familiar with their athletic abilities to submit this on their behalf if they wish.)

Parent/Guardian Signature

Date

INSTRUCTIONS TO PARENTS:

Parent/Guardian Name

Dear Parent, this optional form may be filed to supplement your child's application. Complete the information requested in the spaces below and give this form to your child's coach after December 1. This form is confidential and must be sent by the coach to Viewpoint School.

Please read the following statement and sign this form. *I acknowledge that I waive my right to read this confidential recommendation.*

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Applicant's Name	Applying to Grade
Name of Arts Instructor	Title
School or Organization Name, Address	 -
INSTRUCTIONS TO ATHLETIC PERSONNEL: Viewpoint School is a coeducational, college Grade Twelve. The School provides an acade promotes the intellectual, emotional, physic Committee seeks to enroll students who will participate in the School's community, who character, and who demonstrate positive bel evaluation is extremely helpful. It is importate an appropriate one for both the student a important to us. Please know that the profese CONFIDENCE, and do not become a part of advance for the help your comments will profese.	ant to all of us that this child's next school placement and the family. Your observations of this child are ssional comments you share are held in STRICTEST f a student's permanent record. We thank you in
In the space below, please provide a brief statement Please list any notable achievements (Most Valuable please attach a separate letter.	about this student-athlete's participation in sports. Player, All-League, etc.) If you need additional space,

	Poor	Fair	Good	Outstandin
-Endurance				
-Power/Strength				
-Skill/Technique				
Quickness/Speed				
-Attitude				
-Commitment				
-Confidence				
-Leadership				
-Demeanor				
-Coachability				
-Motivation				
-Sportsmanship				
-Teamwork				

APPLICANT'S NAME:

Please Print Your Name and Title

Your E-mail address: _

Please return this form no later than January 13, 2023 directly to: Viewpoint School Office of Admission Attn: Admission Coordinator 23620 Mulholland Highway • Calabasas, CA 91302-2097

Signature

Date