



# Personal Recommendation

Name of Applicant: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

## To the Parent(s)

*Personal Recommendations are optional.* The Admissions Committee appreciates learning about your child from as many perspectives as possible. If you would like, please provide this recommendation form to someone who knows you or your child well.

## To the Recommender

How long have you known the applicant/applicant family? \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Please include/attach any information you feel would help us get to know this applicant family better.

Please send the completed form by **January 13<sup>th</sup>** to:

**Rodeph Sholom School  
Office of Admissions  
10 West 84<sup>th</sup> Street  
New York, NY 10024**

Recommender's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

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