

ADMINISTRATOR/PRINCIPAL
RECOMMENDATION FORM
MCKINLEY CLASSICAL LEADERSHIP ACADEMY
HIGH SCHOOL

PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO:

Julie Metzger- Julie.Metzger@slps.org OR Nakia King- Nakia.King@slps.org
McKinley Classical Leadership Academy High School
2156 Russell
Saint Louis, MO 63104
School (314)773-0027
Fax (314) 244-1834

STUDENT'S NAME: _____

CURRENT SCHOOL: _____

___ **I DO RECOMMEND THIS STUDENT FOR MCKINLEY HIGH SCHOOL**

___ **I DO NOT RECOMMEND THIS STUDENT FOR MCKINLEY HIGH SCHOOL**

PLEASE CHECK THE APPROPRIATE RATINGS BELOW

	EXCELLENT	GOOD	NEEDS IMPROVEMENT	POOR
Academic Performance	_____ (A – B+)	_____ (B-C)	_____	_____
Assuming Responsibility	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Relationship with Peers	_____	_____	_____	_____

Name of Person Completing Form

Signature of Person Completing Form

Principal Signature

Date and Telephone Number

Additional Comments:

TEACHER/COUNSELOR
RECOMMENDATION FORM
MCKINLEY CLASSICAL LEADERSHIP ACADEMY
HIGH SCHOOL

PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO:

Julie Metzger- Julie.Metzger@slps.org OR Nakia King- Nakia.King@slps.org
McKinley Classical Leadership Academy High School
2156 Russell
Saint Louis, MO 63104
School (314)773-0027
Fax (314) 244-1834

STUDENT'S NAME: _____

CURRENT SCHOOL: _____

___ **I DO RECOMMEND THIS STUDENT FOR MCKINLEY HIGH SCHOOL**

___ **I DO NOT RECOMMEND THIS STUDENT FOR MCKINLEY HIGH SCHOOL**

PLEASE CHECK THE APPROPRIATE RATINGS BELOW

	EXCELLENT	GOOD	NEEDS IMPROVEMENT	POOR
Academic Performance	_____ (A – B+)	_____ (B-C)	_____	_____
Assuming Responsibility	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Relationship with Peers	_____	_____	_____	_____

Name of Person Completing Form

Signature of Person Completing Form

Principal Signature

Date and Telephone Number

Additional Comments: