



SOUTH CITY COMMUNITY SCHOOL

Teacher Recommendation Form

Please return by mail, email or fax to:

South City Community School

Attention: Admissions

4926 Reber Place St. Louis, MO 63139

admissions@sccommunityschool.org

314-667-4311

Student Name: _____ Today's Date: _____

Former Teacher/School
Official Name & Title: _____

Former School Name: _____

1. In what capacity did you know this student?

2. What were some of this student's interests and academic and relational strengths?

3. What were some of this student's academic and relational struggles?

4. Tell us briefly about your interactions and relationship with this student's parents.
5. Do you feel that our type of curriculum (broad, relying heavily on reading, discussion and student interaction) would be a good fit for this student?
6. Would you describe this student as a curious and engaged learner?
7. What else do you think we should know about this student?

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