



SOUTH CITY  
COMMUNITY  
SCHOOL

**Teacher Recommendation Form**

Please return by mail or email to:

South City Community School  
Attention: Admissions  
4926 Reber Place St. Louis, MO 63139  
admissions@sccommunityschool.org

Student Name: \_\_\_\_\_

Teacher/School Official Name and Title: \_\_\_\_\_

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

Former School Name: \_\_\_\_\_

Former School Phone Number: \_\_\_\_\_

In what capacity did you know this student?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Tell us briefly about your interactions and relationship with this student's parents.

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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?

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Would you describe this student as a curious and engaged learner?

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What else do you think we should know about this student?

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