



TEACHER RECOMMENDATION

NAME OF APPLICANT: _____

PRESENT SCHOOL & PRESENT GRADE: _____

To Recommender:

The student named above is an applicant for admission to Tipton-Rosemark Academy. In order to give the candidate a full review, we ask that you provide us with the following information. This information will remain confidential.

Please return directly to Tipton-Rosemark Academy by mail or fax.
Thank you, in advance for your cooperation.

Tipton-Rosemark Academy
8696 Rosemark Road
Millington, TN 38053
901-829-4221 Fax 901-829-4292

Recommender's Name: _____

School Telephone: (____) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

1. How long and in what capacity have you known the student? _____

2. How did the student perform academically in relation to his/her potential? _____

3. Please indicate any activities, school and community, in which you know the applicant participated with distinction.

