



**SCHOOL RECOMMENDATION FOR PRESCHOOL I, II, AND KINDERGARTEN**

**PARENTS:**

This information will be used to better place your child in our academic programs. Please give this form either to your child's tutor, homeroom teacher, school counselor or principal. We are interested in recommendations coming from school personnel who know your child best.

Please sign here to release this information \_\_\_\_\_

**TO THE TUTOR, PRINCIPAL, SCHOOL COUNCELOR, OR HOMEROOM TEACHER:**

The student whose name appears below has applied for admission to Escola Maria Imaculada - Chapel School, a demanding American college preparatory Catholic school in São Paulo, Brazil. Your assistance in completing this recommendation will be appreciated.

Please return this form **sealed** to:

Chapel School  
 Escola Maria Imaculada  
 Admissions Office  
 Rua Vigário João de Pontes, 537  
 CEP 04748-000 São Paulo – SP – Brazil  
 Phone: (55) 11- 2101-7400 Fax: (55) 11- 5521-7763  
[Admissions@chapelschool.com](mailto:Admissions@chapelschool.com)  
 Web page: [www.chapelschool.com](http://www.chapelschool.com)

Name of Applicant:		Date of Birth:	mm/dd/yyyy
Current Grade:		Applying for:	<input type="checkbox"/> Pre I <input type="checkbox"/> Pre II <input type="checkbox"/> Kindergarten
Name of present school or tutor if child is not attending any school:			
Phone Number:			
Length of time acquainted with student:			
How often do you have contact with this student?			

Please complete the following readiness checklist about the student applying to the Early Childhood Educational Center at Chapel School

**Does the Student:**

Adjust easily to new places and people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Easily separate from home and parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

Show appropriate classroom behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Maintain self-control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Works and plays well with peers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Accept and follow school rules and routines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Have adequate concentration for his/her age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Show good listening skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Please include any additional information that you feel would help us better meet the needs of this student.	

Thank you very much for completing this evaluation. All the information will be held in confidence.

Name of evaluator		Position	
Email		Phone Number	
Signature		Date	mm/dd/yyyy