



Administrator Recommendation

For students applying for grades 6 - 12

Student's Name: _____ Current Grade: _____

To Parents:

This confidential assessment form is to be completed by your daughter's current or most recent school administrator. The Admission Committee cannot make a decision until this form has been received directly from the administrator. The information provided is held in the strictest confidence and will be used solely for the admission process. It will not become part of the student's permanent record.

I/We authorize the release of my/our daughter's recommendation as requested by the Admission Office at Ashley Hall. I/We will not seek access to confidential recommendation and evaluation materials before, during or after the admission decision is made.

Signatures of Both Parents/Legal Guardians _____

Date _____

Administrator Name _____ Position _____

School _____ School Phone _____

Known Student Since _____ In what context? _____
M / Year

To Administrators: This recommendation will be a great help to us in evaluating qualities that tests and grades do not explain. Please complete this form and return it to the Admission Office by mail. Thank you for your assistance.

	Below Average	Average	Above Average	Outstanding
Academic potential				
Academic achievement				
Attitude toward academics				
Organizational skills				
Abides by school rules				
Peer relations				
Cooperates with faculty				
Integrity				
Family support for school				
Family financial responsibility				

Signature _____ Date _____

Thank you for completing this evaluation! Please return this form directly to

Ashley Hall Admission Office
172 Rutledge Avenue
Charleston, SC 29403

Would you like a call from a member of our Admission Committee?
_____ Yes* _____ If Needed _____ No

*Preferred contact phone number _____

If you have any questions, please feel free to contact
Carolyn Newton, Director of Admission (843) 720-2854 or newtonc@ashleyhall.org