AVALON ADVENTIST CHRISTIAN ACADEMY

P.O. Box 974 / 4640 Byng Road, Port Hardy, BC V0N 2P0

Phone: 250-949-8243 / Fax: 250-949-6770

ELEMENTARY RECOMMENDATION FORM

(TO BE FILLED OUT BY PRINCIPAL/GUIDANCE COUNSELLOR)

Student Name: _____

Recommendation:

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_____

- Highly recommend
- Recommend
- Recommend with reservations
- Cannot recommend
- May require Learning Assistance

Your Name: _____

Address: _____

_____

Phone/Fax: _____

Relationship to student: _____

_____

Signature of Witness

_____

Signature

_____

Date (MM/DD/YY)

Please return form directly to school at earliest possible date. Thank you for your cooperation.

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ELEMENTARY RECOMMENDATION FORM

(TO BE FILLED OUT BY AN INDIVIDUAL NOT RELATED TO THE FAMILY)

Student Name: _____

Recommendation:

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- Highly recommend
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- Recommend with reservations
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Signature of Witness

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