

Confidential Principal Recommendation

Student's Name _____ Current Grade _____

Thank you for taking the time to send us your observations of this student. Your input is important to us. Please return this form by mail or fax to 214-340-3095 attn: Admissions.

Do you recommend this student for acceptance into Dallas Lutheran School?

Yes No (Please explain.)

Describe any disciplinary issues in which this student has been involved.

To your knowledge, has this students been involved with alcohol, drugs or tobacco?

Yes No (If yes, please explain.)

Does this student have any physical, social or emotional limitations? (If yes, please explain.)

Are these parents active at your school?

If your school is private, does this family meet its school financial responsibilities on time?

Signature _____ Date _____

School _____ Phone # _____



Dallas Lutheran School
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