The SanFranciscoSchool
Founded 1966

SFS Summer Camp Teacher Recommendation Form

(required for students not currently enrolled at The San Francisco School)

Child's name _____ Date of Birth _____
First Last

Parent/Guardian Name (please print) _____

Parent/Guardian Signature_____ Date _____

To Parent/Guardian: Please print above information and give this form to your child's teacher to fill out. Provide teacher with stamped envelope addressed to Harald Frohlich, Summer Camp Coordinator, 300 Gaven St, SF, CA 94134.

This recommendation form is required for all students enrolling in The San Francisco School summer camp that are not currently enrolled at The San Francisco School. Thanks.

I recommend _____ (child's name)
for The San Francisco School Summer Camp.

How long have you known the child? _____

Please check appropriate boxes:

	Developmentally appropriate	Some Concern
Academic/Learning Potential		
Interaction with teachers		
Interaction with peers		
Amenability toward school rules and limits		
Conflict Resolution		

Teacher Name (please print) _____

Teacher Signature_____ Date _____

Please comment on reverse if needed. Please provide your contact information if comments would be better communicated by phone. Thank you for your time.