

## PRINCIPAL REFERENCE

| Name (please print)  | Title  |
|--|--|
|  | ( )  |
| Email Address  | Phone #  |
| School Name  |  |
| May we contact you for more information? $\square$ Yes   | □ No   |
| Student's Name   | Current Grade  |
| weight on the academic and personal qualifications of comments and evaluation are used for admission pur school record.  | ng's Schools. During the admissions process, we place considerable of each applicant. This recommendation is vital to our process. Your rposes only and will not become part of the candidate's permanent pplicable, then please state so. We realize that completing this form is ticularly grateful for your time and attention. |
| How well do you know this student? I know them Was this student expelled from your school (use space If this student reapplied to your school, would you re Is there anything else that would be helpful to know | ce below to explain if needed)?  |
|  |  |
|  |  |
| Principal Signature  | Date   |

If you have any questions about this form, please contact the Admission Office at 206.289.7783. When complete, this recommendation may be mailed or faxed to:

King's Schools/Office of Admissions 19303 Fremont Ave N MS #36 Seattle, WA 98133

Fax: 206. 289.7994