

Community Recommendation Form (K-1)



Please return this form to:
Lincoln Performing Arts School
930 East Main Street
Louisville, KY 40206
Fax: 502-313-3496

For the Applicant

Name of Student _____ Applicant for Grade _____

School/Daycare you now attend _____

PARENT OR GUARDIAN – Please read and sign before submitting to present school’s registrar

I understand and agree that the information contained on this recommendation form is confidential and will be used only in evaluating and selecting applicants and will not become part of the student’s permanent record. I also agree that this completed form will not be available to candidates, parents, or anyone else outside of Lincoln Performing Arts Admissions Committee, and I waive any right that I may have to see it.

Signature of Parent or Guardian

Date

For the Recommender:

Name: _____

Relationship to applicant: _____

Address: _____

E-mail: _____

Signature: _____ Date: _____

What are the first few words that come to mind when you think of this child? _____

Recommendation: Please tell what you think is important about this student, including the performing arts and personal characteristics. We welcome information that will help us differentiate this student from others. Please use the back of this form to write the description and limit recommendation to approximately 500 words.

Highly Recommend **Recommend** **Recommend with Reservations** **Not Recommend**

To ensure that this recommendation is reviewed as part of the student's application, please mail or fax it to our office as soon as possible.