

CAIRO AMERICAN COLLEGE

1 Midan Digla P.O. Box 39 • Maadi, Cairo, Egypt 11431 • Tel:+20-2-27555555 • Fax: +20-2-25196584 • Email: registrar@cacegypt.org

Counselor/ Principal Recommendation (Grades 6-11)

Student's Name: _____

Date of Birth: _____

Current School: _____

Current Grade: _____

This applicant has applied for admission to Cairo American College. Thank you for taking the time and consideration to complete this form. Please return the completed form directly to the Admissions Office by email (registrar@cacegypt.org), by fax (+202-25196584) or return to parent in an enclosed envelope with a school seal. Based on your professional opinion, please complete this form and return to us at your earliest convenience. Your response will remain confidential.

How long have you known the student? _____

Month your school year begins: _____

ends: _____

Grading scale: A – F [] 100 point scale [] IB (1-7) [] Other [] _____

Passing mark: _____

Are classes divided according to ability? Yes [] No []

If yes, please indicate which division or track this student is in and for which subjects:

Describe any special services this child receives:

SEN (Special Education Needs program) []

ESL (English as a second language) []

Gifted [] Speech/Language []

Tutor []

Other: _____

Have the student's parents been supportive of the school and cooperative in working with teachers, counselors and administrators? Please describe.

Describe the student's strengths.

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Describe the student's weaknesses.

Please describe how the student reacts to setbacks.

Please describe any disciplinary, emotional, behavioral or other concerns regarding this applicant.

Is this student withdrawing from your school in good standing AND would he/she be eligible to re-enroll at a future date? Yes [] No []

If no, please elaborate:

Are there any additional comments you feel are important regarding this student?

Is there any additional information that can be better conveyed in a phone conversation?

Yes [] No [] Phone number: _____

Form completed by: _____ Position: _____

Signature: _____ Date: _____

Email address: _____