

4. Is there anything that we should know about the applicant that would facilitate or affect his/her adjustment to the O.B. Montessori Center?

5. How long have you known the applicant?

Recommendation:

I strongly recommend

I recommend him / her with reservations

I recommend

I do not recommend

Name

Position

Signature

Date

**Please return this form to the applicant in a sealed envelope, with your signature across the flap.
The applicant will then submit the sealed envelope to OB Montessori Center, Admissions Office.**

Please affix school dry seal here