



Principal Recommendations

Student Name _____

Parent/Guardian Name(s) _____

Date _____ Applying for Grade _____

NOTE TO PARENTS/GUARDIANS OF APPLICANT: Please type or print the above information and give this form to the student's principal with an envelope addressed to the Martin J. Gottlieb Day School.

NOTE TO PRINCIPAL: The Martin J. Gottlieb Day School is a non-profit, independent school that offers a comprehensive general and Judaic program to elementary school students. Please complete the form below and send your completed recommendation directly to the school. This recommendation remains confidential and will not become part of the student's permanent record. We sincerely appreciate your cooperation and candor.

Describe the student's most important accomplishment in your school.

Describe this student's best qualities.

Describe how this student participates as a citizen of your school.

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

Yes ___ No ___

Signature _____ School _____

Print Name _____ Address _____

Date _____ Phone _____

Please return to:

Martin J. Gottlieb Day School
3662 Crown Point Road, Jacksonville, FL 32257
Phone (904) 268-4200 ext. 148 **Fax** (904) 268-5292