



THE WEBB SCHOOL

BELL BUCKLE

The Character of Home

Office of Admissions • Post Office Box 488 • Bell Buckle • Tennessee 37020-0488 • 931-389-6003 • Fax: 931-389-6657

SCHOOL'S CONFIDENTIAL RECOMMENDATION

For Student:

_____ has applied for admission to The Webb School as a ☐ day ☐ boarding student in the _____ grade. Please give your candid appraisal of the student. Use extra paper if you need more space.

For Principal, Head of School, or Guidance Counselor:

How well do you know the student academically? _____

As a person? _____

What are the first three words that come to mind to describe this student?

1. _____ 2. _____ 3. _____

What are the applicant's greatest strengths?

What are the applicant's greatest weaknesses?

Please comment on this student's character, citizenship, and contributions to your community.

Describe the candidate's participation and proficiency in extracurricular activities (such as athletics, music, art, drama, school publications, student organizations, hobbies, jobs, and community involvement).

If the student's attendance record is not listed on the transcript, please indicate the number of days he or she has been absent or tardy each year while at your school.

If the student is not, or has not been, in good academic standing, please explain.

Has the student ever been dismissed, suspended, placed on probation, or received other serious disciplinary action? ☐ Yes ☐ No

Has he or she withdrawn from school voluntarily for an extended period of time for reasons other than health? ☐ Yes ☐ No

To your knowledge, has the applicant ever undergone psychological evaluation and/or counseling? ☐ Yes ☐ No

If the answer to any of the above questions is yes, please provide a full explanation on a separate piece of paper.

Do you feel the applicant will be successful in a traditional college-preparatory school environment? Comment, if necessary.

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student's application.

Name: _____ Position: _____

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Signature: _____ Date: _____

Optional: I would like to receive information about The Webb School. ☐ yes ☐ no