MAINE COAST
WALDORF SCHOOL

57 DESERT ROAD
FREEPORT, MAINE 04032
207-865-3900
MAINECOASTWALDORF.ORG

PERSONAL RECOMMENDATION

Student Name _____ Grade applying to _____

To the Parent/Guardian: Please sign the statement of confidentiality, listed below, and give this form and a return envelope to an adult who is not a relative or a teacher of your child. The form will be returned directly to the Admissions Office.

Statement of Confidentiality
The undersigned affirms that all information furnished on this recommendation received by the Maine Coast Waldorf Admissions Office will be held in confidence, is not available to the applicant and/or his or her family, and will not become part of the student's permanent record.

Parent/Guardian Signature _____ Date_____

To the Person Writing this Recommendation:
Please tell us how you know this applicant and for how long you have known him or her. As thoroughly and honestly as possible, would you please describe the qualities the applicant possesses that will make him or her a good candidate for Maine Coast Waldorf School (continue on the back of this page if necessary).

Signature _____ Date_____

Thank you for taking the time to complete this form. Please scan/email it as soon as possible to admissions@mainecoastwaldorf.org

If your preference is to mail this form, please send it as soon as possible to:

Admissions Office
Maine Coast Waldorf School
57 Desert Road
Freeport, ME 04032