

# MIDTOWN INTERNATIONAL SCHOOL

## Request for Letter of Recommendation

Student Full Name: \_\_\_\_\_

DOB (MM/DD/YY): \_\_\_\_\_ Applying for Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Individual making Recommendation: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

*I authorize you to write a letter of recommendation for my student and send it directly to the school listed below. I understand that the school will not share this recommendation or its contents with me.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Instructor:

We are requesting the following information for admission to Midtown International School. Please address these items in your brief narrative describing your experiences with this student.

- How long and in what capacity have you known the student?
- Observations about the student and his or her enthusiasm and engagement in class
- Characteristics of the student that you believe set him or her up for success
- Observations or characteristics that are opportunities for growth

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**Send letter and this release directly to:**

Midtown International School

1575 Sheridan Road NE

Atlanta, GA 30324

OR

Email to: [Admissions@midtowninternationalschool.com](mailto:Admissions@midtowninternationalschool.com)

Or

Fax to: 404.935.0530

midtowninternationalschool.com 404.542.7003

1575 Sheridan Road NE Atlanta, GA 30324