

FISHERS ISLAND SCHOOL
PO Box 600
FISHERS ISLAND, NY 06390
(631) 788-7444

RECOMMENDATION FORM—*Family Friend*

Name _____

Contact Information (phone #): _____

To the Person Making this Recommendation: The **Fishers Island School** is a small, public New York State school for students from Pre-Kindergarten through Grade 12. The small class size allows for a well-rounded, hands-on academic program.

Your careful evaluation of the applicant is greatly appreciated.

_____ has applied for admission to
(Student Name)

Grade _____

I. I have known the applicant for _____ years, as a _____
(family friend, doctor, tutor, etc.)

II. Describe the applicant's personality, sense of humor, disposition and ability to converse as you have had occasion to speak with him/her in daily situations. Please convey in your own words the perceived strengths and weaknesses you have observed.