

FENWICK



Fenwick Recommendation Form

Name of Applicant:

Address:

City State Zip

The above named student is applying to Fenwick for the coming year. This recommendation is to be given by the principal, teacher or counselor.

With Enthusiasm Recommend With Reservation Do Not Recommend

Signature:

Print Name:

Position at School:

School Telephone Number:

Please check if you wish to be called to discuss the applicant.

Fenwick Admissions Office

99 Margin Street

Peabody, MA 01960

978-587-8360