

West Sound Academy

P.O. Box 807 • Poulsbo, Washington 98370
(360) 598-5954 • FAX (360) 598-5494

Non-Related Adult Recommendation Form

Student _____ Date _____

Please return completed form to the school as soon as possible.
The promptness of your reply is appreciated.

All recommendations are confidential, viewed by admission staff only.
Please return directly to West Sound Academy.

Recommendation of student completed by (please print) _____

How do you know this student (In what capacity?)

How long? _____

Please comment on the applicant as a person, citizen and/team member. Your insights provide valuable information on the match between the applicant and West Sound Academy.

Signature _____ Phone _____

West Sound Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to the school. It does not discriminate on the basis of race, color, national and ethnic origin, religion, disability, gender, sexual preference or any other protected classification under State, Federal, or Local law, in administration of its educational policies, admissions policies, scholarship, loan programs, and athletic or any other school-administered program.