

# Foxborough Regional Charter School

## Student Recommendation Request:

**Student:** please fill in the spaces below with complete information and instructions. Ask chosen teachers if they would be willing to write a letter on your behalf, and give them this form with an application form, if appropriate, with your part completed and an addressed, stamped envelope.

**Teacher:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**College Name:** \_\_\_\_\_

**Attention:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Requested Date for Letter:** \_\_\_\_\_

**College Application Due Date:** \_\_\_\_\_

**Mail:** \_\_\_\_\_ **Return to Guidance Office:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

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**Teachers:** After filling out the application, if necessary, and writing the letter, please make a copy for your records, put the college letter and application in the envelope provided, sign across the seal, and either send the packet to the college or return it to the guidance office. Please fill out the information below and give this form back to the student so that he/she will know the letter has been sent.

**Date letter sent or given to Guidance Office:** \_\_\_\_\_

**Teacher signature:** \_\_\_\_\_