

Math Confidential Recommendation (Applying for Grades 6 - 12)

Applicant's Name: _____

Grade : _____ level : _____

Current School : _____

School Website : _____

Parent grants release of information (Parent Signature): _____

To the Teacher: _____

This applicant has applied for admission to Cairo American College. Thank you for taking the time and consideration to complete this form. Please return the completed form directly to the Admissions Office by email (registrar@cacegypt.org), by fax (+202-25196584) or return to parent in an enclosed envelope with a school seal.

Information from teachers is extremely valuable to the Admissions department in determining if Cairo American College is an appropriate setting for a student. Based on your professional opinion, please complete this form and return to us at your earliest convenience. Your response will remain confidential.

Name of teacher completing this form: _____

E-mail address: _____

