

# CENTRE

## Parent Recommendation (optional)

Name of Student: \_\_\_\_\_

As a parent, you have insights into your child's background, interests, special talents and ambitions. Although you may feel prejudiced, we welcome your comments. Please feel free to complete this form either individually or together; you may use the back of this form if necessary. When it is completed, return it as soon as possible to:

Office of Admission  
Centre College  
600 West Walnut  
Danville, KY 40422

What character and personality traits do you consider most outstanding and representative of your son/daughter?

In what areas, both academic and social, does your son/daughter need growth and strengthening?

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name (please print) \_\_\_\_\_

Address: \_\_\_\_\_  
*Numbers and Street* *City or Town* *State* *Zip*