

Student Recommendation

Student Name _____ **Applying for Grade:** 9/ 10 /11/ 12

Prospective students need two (2) recommendations; one (1) from a current teacher, one (1) from the school administration (e.g. Principal, VP, Guidance Counselor).

I release the right to view this document; therefore, I understand it will remain confidential between the person listed below and Forest Lake Academy:

(Parent or guardian)

The above named student is applying for admission to Forest Lake Academy. Please complete this form and return as soon as possible to: Forest Lake Academy - Admissions, 500 Education Loop, Apopka, FL 32703. This form can be faxed to 407-862-7050 or emailed to Claudia Osorio at osorioc@forestlake.org

In what capacity do you know the applicant? Principal/Counselor/VP Current Teacher _____ (subject)

How would you rate the applicant in the following areas?

	Outstanding	Commendable	Average	Below Average
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To your knowledge, has the applicant ever used: Alcohol Illegal Substances Tobacco None

To your knowledge, has the applicant been suspended or dismissed from school, arrested, or on probation? (If so, please explain – use back if more space is required)

To your knowledge, has the applicant ever been evaluated and/or placed on an Individual Educational Plan (IEP) from the district/county? (If so, please explain – use back if more space is required)

Do you recommend this student?

Yes, without reservation Yes, with reservation No, not at this time

Please comment:

Signature _____ Name (Please print) _____ Date _____

Organization Name _____ Position _____ Telephone _____ E-mail _____