

School Recommendation

To be completed by the applicant

Name of Applicant _____ Current Grade _____

I hereby waive my right to view the contents of this confidential recommendation.

Signature of Applicant _____

Signature of Parent/Guardian _____

To be completed by the Principal, Head of School, Dean of Students or Guidance Counselor

The above named applicant has applied for admission to Montverde Academy. Our school has a rigorous academic curriculum and expects each student to demonstrate good citizenship and effort. These factors should be considered in your evaluation of this student. Your opinions are an important part of this student's application profile. Thank you for your time and candid responses on behalf of this student. Please complete and return this form to the Montverde Academy Admission Office at the address listed above.

Please rate this applicant in the following areas:

	Below Average	Average	Above Average	Excellent
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the applicant eligible to re-enter your school next term? Yes _____ No _____ If no, please explain: _____

Has the applicant been involved in acts of dishonesty? Yes _____ No _____ If yes, please explain: _____

Has the applicant participated in or stimulated disorderly, disruptive, or unmannerly conduct? Yes _____ No _____ If yes, please explain: _____

Has the applicant been suspended or expelled? Yes _____ No _____ If yes, please explain: _____

Do you feel that the applicant is free from drugs and/or alcohol involvement? Yes _____ No _____ If no, please explain: _____

Do the parents meet financial obligations in a timely manner? Yes _____ No _____

Signature: _____ Date: _____ Phone: _____

Print name: _____ School: _____ Title: _____

17235 Seventh Street
Montverde, Florida 34756
Phone: 407.469.2561 • Fax: 407.469.3711
admissions@montverde.org • www.montverde.org

Primary Teacher Confidential Recommendation

To be completed by the applicant

Name of Applicant _____ Current Grade _____

I hereby waive my right to view the contents of this confidential recommendation.

Signature of Applicant _____

Signature of Parent/Guardian _____

To be completed by the teacher

The above named applicant has applied for admission to Montverde Academy. Our school has a rigorous academic curriculum and expects each student to demonstrate good citizenship and effort. These factors should be considered in your evaluation of this student. Your opinions are an important part of this student's application profile. Thank you for your time and candid responses on behalf of this student. Please complete and return this form to the Montverde Academy Admission Office at the address listed above.

How long have you known the applicant? _____

Teacher's Name _____ Signature _____

School _____ Date _____

Please rate this applicant in the following areas:

	Below Average	Average	Above Average	Excellent
Social Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine-Motor Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross-Motor Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write a summary appraisal of this applicant, assessing his or her personal and academic qualities.

How do you recommend this applicant for Montverde Academy?

___enthusiastically ___confidently ___with reservations ___do not recommend

MONTVERDE ACADEMY

since 1912

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Montverde, Florida 34756

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Request for Release of Records

Name of Applicant _____ Current Grade _____

Date of Birth _____ Grade Apply _____

The individual above is applying for admission to Montverde Academy. Please forward an official transcript along with any accompanying records (educational testing, psychological testing, standardized test scores, disciplinary records) directly to the Montverde Academy Admission Office at the address listed above.

The Recommendation Forms are to be completed by the appropriate personnel of the applicant's current school. Please note that the application will not be reviewed until all necessary documents are received. The confidential documents will be used only for the admission process and will not become a part of the applicant's permanent record.

Your prompt response is most appreciated!

Signature of Parent or Guardian _____ Date _____

Print name _____ Date _____

