



Montverde Academy

17235 Seventh Street
Montverde, Florida 34756

Phone: (407) 469-2561

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email: admissions@montverde.org

website: www.montverde.org

School's Confidential Recommendation

To be completed by the applicant:

Name of Applicant _____

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

Signature of Applicant: _____

Signature of Parent/Legal Representative: _____

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

We thank you for taking the time to tell us about the applicant. Please attach additional sheets if needed.

1. In what capacity and for how long have you known the applicant?
2. Please describe the applicant's talents, competence or capacity for leadership.
3. What are the applicant's greatest strengths?
4. What are the applicant's greatest weaknesses?

5. Given your experiences, will the applicant's parents be good stewards of the Academy? Yes No

If no, please explain: _____

6. To your knowledge, has the applicant ever undergone a psychological evaluation and/or counseling? If so, please describe.

7. Has the applicant ever been suspended or dismissed from school? If so, for what reason?

8. Do you feel that the applicant is free from drugs and/or alcohol involvement? Comment, if necessary.

9. Describe the applicant's participation and proficiency in extracurricular activities (such as athletics, music, art, drama, school publications, student organizations, hobbies, jobs, and community involvement.)

How would you rate the applicant in relation to other students his or her age?

As a student excellent good fair poor

As a person excellent good fair poor

All things considered, how do you recommend this applicant for Montverde Academy?

enthusiastically confidently with reservations do not recommend

We welcome any additional comments:

School Representative Name: _____

School: _____

Address _____

Telephone: _____ Date: _____

Signature: _____