



## 4<sup>th</sup>- 12<sup>th</sup> Grade Recommendation Form

Eagle's View Academy  
7788 Ramona Blvd. W.  
Jacksonville, FL 32221  
904-786-1411

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

Current School: \_\_\_\_\_ Applying to Grade: \_\_\_\_\_

**Parent/Guardian:** For the student named above, I authorize the release of school records, including an official transcript of all grades for the past two years and the results of any academic testing. I acknowledge that I waive my right to read this confidential recommendation.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Principal/Counselor/Dean of Students:** This recommendation will remain confidential and will not become part of the student's permanent record. Please return directly to Eagle's View Academy. Be sure the parent/guardian has signed the form in the space above. Thank you for your cooperation.

Name: \_\_\_\_\_ Title \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

Is the student in good standing at your school? If no, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has the applicant ever been on disciplinary probation or been suspended while enrolled in your school? If yes, explain \_\_\_\_\_

\_\_\_\_\_

Would this student be permitted to re-enroll in your school next year? If no, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does this student have any special academic needs (i.e. oral exams, tutoring, extended test times); any learning disabilities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(OVER)

### **Academic Performance and Potential**

	Outstanding	Above Average	Average	Below Average
Verbal Communication Skills				
Written Communication Skills				
Academic Focus				
Academic Potential				
Academic Achievement				

### **Personal Character and Conduct**

	Outstanding	Above Average	Average	Below Average
Classroom behavior				
Cooperation				
Concern for others				
Leadership Potential				
Responsibility				
Attendance and Promptness				

**Please return this form directly to Eagle's View Academy by fax at 904-786-1445 or by email at [info@evajax.com](mailto:info@evajax.com). If you have any questions about completing this form, please contact the Admissions Office at 904-786-1411.**