

Recommendation Form (4th – 12th Only)

To the Applicant: Please type or print your name in the space below and then give this form to your current principal, counselor or dean of students with a stamped envelope addressed to Eagle's View Academy Admissions Office, 7788 Ramona Boulevard W., Jacksonville, Fl 32221. Students in 4th - 6th grades may give that form to the teacher instead of the principal.

Name of student:	Applying to grade		
To the Parent/Guardian: Please read and sign For the student named above, I authorize the relationscript of all grades for the past two years and I waive my right to read the confidential recommendation.	ease of school records, including an official d the results of academic testing. I acknowledge that		
Signature of parent or guardian:	Date:		
will not become part of the student's permanent	envelope. Be sure the parent/guardian has signed		
Your name	Title		
School			
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 probschool? If yes, explain			
Would this student be permitted to re-enroll in y	your school next year? If no, explain		
Does this student have any special academic neetimes); any learning disabilities?	eds (i.e. oral exams, tutoring, extended test		

(OVER)

Academic Performance and Potential

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

Personal Character and Conduct

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

Please return this form to: Eagle's View Academy

Office of Admissions

7788 Ramona Boulevard W.

Jacksonville, Fl 32221