RECOMMENDATION FORM

(FOR STUDENTS ENTERING GRADES 1-12)

STUDENT: _____ GRADE APPLIED FOR: _____

AS PARENT/GUARDIAN OF THE ABOVE NAMED STUDENT, I GIVE MY PERMISSION FOR THE RELEASE OF THE INFORMATION REQUESTED ON THIS FORM.

PARENT: _____ DATE: _____

TO SCHOOL OFFICIAL:

STUDENTS IN GRADES 1-12 WHO ARE ENTERING ALTAMONTE CHRISTIAN SCHOOL FOR THE FIRST TIME ARE REQUIRED TO HAVE THIS FORM COMPLETED BY THE PRINCIPAL, GUIDANCE COUNSELOR, OR CLASSROOM TEACHER OF THE SENDING SCHOOL. THE ENROLLMENT PROCESS CANNOT BE FINALIZED UNTIL ALL FORMS ARE COMPLETED. YOUR PROMPT RESPONSE IS APPRECIATED.

YOUR NAME and POSITION: _____

SCHOOL: _____ PHONE: _____

ADDRESS: _____
STREET CITY STATE/ZIP

TO THE BEST OF YOUR KNOWLEDGE, HAS THE STUDENT LISTED ABOVE…

Experienced notable discipline problems? _____ If yes, please explain: _____

_____

Been expelled, suspended, or asked to withdraw from school? (If yes, explain) _____

_____

Used illegal/non-prescribed drugs? _____ Alcohol? _____ Tobacco products? _____ Fighting? _____

Displayed an out-of-control temper? _____ (PLEASE GIVE EXPLANATION FOR ANY "YES" ANSWERS ON REVERSE SIDE.)

Please check the box for each category that best describes the student. Please be honest.

	EXCELLENT	**ABOVE AVG**	**AVERAGE**	**BELOW AVG**	**POOR**	**NO INFORMATION**
OVERALL ATTITUDE						
COMPLETES HOMEWORK						
COMPLETES CLASS WORK						
PARTICIPATES IN CLASS						
OVERALL STUDY HABITS						
SPIRIT OF BEING COOPERATIVE						
CHARACTER QUALITIES						
EMOTIONAL STABILITY						
RESPECTS PEERS						
RESPECTS AUTHORITY						

Please comment on the parent's overall attitude and spirit of being cooperative. _____

_____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM. YOU MAY FAX IT TO US AT 407-831-6840, RETURN IT TO THE FAMILY, OR MAIL IT DIRECTLY TO: ALTAMONTE CHRISTIAN SCHOOL, REGISTRAR, 601 PALM SPRINGS DR., ALTAMONTE SPRINGS, FL 32701.