



**VERITAS ACADEMY**  
CLASSICAL ▼ CHRISTIAN ▼ COVENANTAL

# Letter of Recommendation

**Parents: Please complete Section I and then give one copy of this form to your child's most recent teacher and one copy to the principal or administrator to complete Section II. If your child is currently homeschooled, please have a Sunday School teacher or co-op teacher complete this form.**

**SECTION I. TO BE COMPLETED BY A PARENT.**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First) (Middle) (Last) mo / day / year

Applying to Grade: \_\_\_\_\_ Beginning (date): \_\_\_\_\_  
mo / day / year

I hereby authorize the release of this information to Veritas Academy:

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

**SECTION II. TO BE COMPLETED BY AN AUTHORIZED STAFF PERSON AT THE SCHOOL WHERE THE STUDENT IS CURRENTLY (OR MOST RECENTLY) ENROLLED.**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street/PO Box) (City) (State) (Zip)

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

In what capacity and for how long have you known the applicant? \_\_\_\_\_

Please indicate your ratings by numbers in the right-hand column. Use a question mark where you have insufficient evidence. **Your candid estimate of the applicant will be of invaluable assistance to the admissions process at Veritas. Your comments will be held in strict confidence.**

**CONFIDENTIAL ADMINISTRATOR/TEACHER RECOMMENDATION**

	1	2	3	4	5	Ratings
<b>Academic Potential</b>	Exceptionally Promising Student	Generally Strong Student	Average Student, Capable of Satisfactory Work	Below Average: <input type="checkbox"/> Marginal Ability <input type="checkbox"/> Lacks Motivation	Faces Substantial Academic Challenges	
<b>Personal Qualities</b>	Outstanding – Leads and Participates	Generally Strong	Average	Below Average, Immature	Very Immature for Age	
<b>Emotional Stability</b>	Exceptionally Stable	Well Balanced	Generally Well Balanced	<input type="checkbox"/> Excitable <input type="checkbox"/> Unresponsive <input type="checkbox"/> Distractible	<input type="checkbox"/> Hyper-emotional <input type="checkbox"/> Apathetic	
<b>Summary</b>	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR	

1. Please comment on the applicant's overall attitude toward school and learning: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. To your knowledge, has the applicant had any history of involvement with drugs, alcohol, or juvenile delinquency?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Has the applicant ever been suspended or expelled? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. To your knowledge, does the applicant have any history of behavioral or social problems? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Does the applicant have any history of learning disability or has he/she required any special assistance to meet academic requirements? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Have you found the child's parents to be cooperative and involved in the child's education? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Additional comments, if needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please **MAIL** this form directly to Veritas Academy, PO Box 8332, Savannah, GA 31412  
OR **EMAIL** it to [Office@VeritasSavannah.org](mailto:Office@VeritasSavannah.org) OR **FAX** it to 912-234-0566.  
If you have any questions, please call 912-238-1222.

**THANK YOU for completing this letter of recommendation!**  
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