

## 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 Birtl	n:////////_	/
Student's Name:	(First)	(Middle)	(Last)		mo / de	ay / year
Applying to Grade:	Ве	ginning (date):				
I hereby authorize the	e release of th	is information to Veri	itas Academy:			
Date:	Signatu	are of Parent or Guard	dian:			
				<u>100L</u> .		
Address:(Stree	et/PO Box)			(City)	(State)	(Zip)
Telephone: ()						
Principal's Name:						
Teacher's Name:						
In what capacity and f	for how long l	have you known the a	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
Academic Potential	Exceptionally Promising Student	Generally Strong Student	Average Student, Capable of Satisfactory Work	Below Average: □ Marginal Ability □ Lacks Motivation	Faces Substantial Academic Challenges	
Personal Qualities	Outstanding – Leads and Participates	Generally Strong	Average	Below Average, Immature	Very Immature for Age	
Emotional Stability	Exceptionally Stable	Well Balanced	Generally Well Balanced	<ul> <li>Excitable</li> <li>Unresponsive</li> <li>Distractible</li> </ul>	□ Hyper-emotional □ Apathetic	
Summary	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 <u>any</u> 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:
Теа	cher's Signature: Date:
Adı	ninistrator's Signature: Date:
Ple OR	ase <u>MAIL</u> this form directly to Veritas Academy, PO Box 8332, Savannah, GA 31412 <u>EMAIL</u> it to Info@VeritasSav.org or FAX it to 912-234-0566. ou have any questions, please call 912-238-1222.

## THANK YOU for completing this letter of recommendation!

Veritas Academy does not discriminate on the basis of race, color, national or ethnic origin in any employment practice, educational program, or any other Academy administered program, activity or service, nor does it discriminate on the basis of race, color, national or ethnic origin, in administration of its educational policies, admissions policies, scholarship and financial aid programs, and athletic and other school-administered programs.