

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: (First) (Middle) (Last)	Da	ate of Birth:	 no / day / year	
Applying to Grade: Beginning (date):	 day year			
I hereby authorize the release of this information to Veritas Acader	ıy:			
Date: Signature of Parent or Guardian:				
SECTION II. TO BE COMPLETED BY AN AUTHORIZED STAFF PERSON A RECENTLY) ENROLLED. <u>PLEASE RETURN COMPLETED LETTER DIRECTLY</u>	O THE SCHOOL.		T IS CURRENTLY	(OR MOS
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
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	 Excitable Unresponsive Distractible 	□ 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:					
Adr	ninistrator's Signature: Date:					
OR	Please <u>MAIL</u> this form directly to Veritas Academy, PO Box 8332, Savannah, GA 31412 OR <u>EMAIL</u> it to <u>info@VeritasSav.org</u> OR <u>FAX</u> it to 912-234-0566. If you have any questions, please call 912-238-1232.					

THANK YOU for completing this letter of recommendation!

Veritas Academy does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and financial aid programs, and athletic and other school-administered programs.