

**Student Recommendation**

**Student Name** \_\_\_\_\_ **Applying for Grade:** 9/ 10 /11/ 12

Prospective students need two (2) recommendations; one (1) from a current teacher, one (1) from the school administration (e.g. Principal, VP, Guidance Counselor).

*I release the right to view this document; therefore, I understand it will remain confidential between the person listed below and Forest Lake Academy:*

\_\_\_\_\_ (Parent or guardian's signature)

The above named student is applying for admission to Forest Lake Academy. Please complete this form and return as soon as possible to: Forest Lake Academy - Admissions, 500 Education Loop, Apopka, FL 32703. This form can be faxed to 407-862-7050 or emailed to Claudia Osorio at [osorioc@forestlake.org](mailto:osorioc@forestlake.org)

In what capacity do you know the applicant?  Principal/Counselor/VP  Current Teacher \_\_\_\_\_ (subject)

**How would you rate the applicant in the following areas?**

	Outstanding	Commendable	Average	Below Average
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**To your knowledge, has the applicant ever used:**  Alcohol  Illegal Substances  Tobacco  None

**To your knowledge, has the applicant been suspended or dismissed from school, arrested, or on probation?** (If so, please explain – use back if more space is required)

\_\_\_\_\_

**To your knowledge, has the applicant ever been evaluated and/or placed on an Individual Educational Plan (IEP) from the district/county?** (If so, please explain – use back if more space is required)

\_\_\_\_\_

Do you recommend this student?

Yes, without reservation  Yes, with reservation  No, not at this time

Please comment:

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

Organization Name \_\_\_\_\_ Position \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

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Organization Name \_\_\_\_\_ Position \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_