**Recommendation for Admission**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for admission to Parkview Junior Academy. Your answers to the following questions will aid in evaluating this applicant. Please circle the number that most accurately describes the behavior and attitudes of the applicant. If you have not had an opportunity to observe a given characteristic, please circle “Do not know”. If the applicant waives his/her rights to see the recommendation, all letters of recommendation will remain confidential. Please mail the completed recommendation to Parkview Junior Academy at the address above. A prompt reply will be appreciated by the applicant as well as the school.

**Family Educational Rights and Privacy Act (Buckley Amendment)**

Under the provisions of this act, you have the right, if you enroll at Parkview Junior Academy, to review your educational records. The act further provides that you may waive your right to see recommendations for admission. Please indicate by checking the appropriate phrase and signing your name whether or not you wish to waive that right.

\_\_\_\_\_\_\_ I do not waive my rights to see this document.

\_\_\_\_\_\_\_ I do waive my rights to see this document.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  
 (signature of applicant) (date)**

Superior Average Poor

Academic motivation 5 4 3 2 1 Do not know

Attitude to authority 5 4 3 2 1 Do not know

Courtesy and tact 5 4 3 2 1 Do not know

Emotional stability 5 4 3 2 1 Do not know

Health and vigor 5 4 3 2 1 Do not know

Influence on others 5 4 3 2 1 Do not know

Integrity 5 4 3 2 1 Do not know

Leadership 5 4 3 2 1 Do not know

Personal neatness 5 4 3 2 1 Do not know

Punctuality 5 4 3 2 1 Do not know

Reliability 5 4 3 2 1 Do not know

Friendliness 5 4 3 2 1 Do not know

Spiritual commitment 5 4 3 2 1 Do not know

Financial responsibility 5 4 3 2 1 Do not know

To your knowledge has the applicant ever used any of the following?

Alcoholic beverages yes no Do not know

Tobacco in any form yes no Do not know

Illegal drugs yes no Do not know

Has the applicant been involved in disciplinary action, suspension, expulsion, arrest or probation? yes no Do not know  
If yes, please explain:

Based on character alone, the applicant is:

\_\_\_\_\_ Highly recommended

\_\_\_\_\_ Recommended

\_\_\_\_\_ Acceptance recommended on a probationary basis

\_\_\_\_\_ Not recommended

How long have you know the applicant? \_\_\_\_\_ years

If related to the applicant, what is the relationship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_