

Student Recommendation Form



Richmond Academy

Student's Name _____
First
Middle
Last

Address _____

City _____ State _____ Zip _____ Phone Number _____

Current School _____ Applying for Grade _____

Two recommendation forms are required for grades 1 through 12. Forms must not come from a family member. One is preferably from your Senior Pastor or Youth and Children's Minister. One is preferably from current math or English teacher, or principal or headmaster. Complete the above section and send to the appropriate references.

To Pastors, Teachers and Friends:

The above named student has made application to Richmond Academy and has submitted your name as a reference. Please complete this form and mail it directly to the Admissions Office at Richmond Academy. This information will be kept strictly confidential.

Mail Directly to: Director of Admission
 Richmond Academy
 P.O. Box 1094
 Richmond, IN 47375-1094

Please rate the applicant as realistically as you can in comparison with other students of the same age.

Personal Characteristics	N/A	Below Average	Average	Above Average
Energy and initiative				
Leadership				
Responsibility				
Self-confidence				
Warmth of personality				
Sense of humor				
Concern for others				
Reaction to criticism				
Reaction to setbacks				
Maturity				
Good judgment				
Self-discipline				
Personal Appearance				
Attendance				

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Academic Ratings	N/A	Below Average	Average	Above Average
Ability				
Motivation				
Independence				
Creativity				
Written expression				
Verbal expression				

What do you consider to be the applicant's greatest strengths?

What do you consider to be the applicant's chief weaknesses?

To your knowledge, has applicant had any history of physical or emotional problems?

YES NO If yes, please explain.

To your knowledge, has applicant had any history of involvement with alcohol, drugs, tobacco, suspension, expulsion or juvenile delinquency? YES NO If yes, please explain.

Please check one of the following:

I highly recommend _____ I recommend _____
 I recommend with reservation _____ I do not recommend _____

If the response is "recommend with reservations" or "do not recommend," please explain.

Signature _____ Date _____

Please check: Pastor _____ Youth and Children's Pastor _____ Principal _____ Current teacher _____

Former teacher _____ Friend _____ Other _____