Halifax Academy, A Christian School, Inc.

Admission Recommendation Form

Students who have applied for admission are required to have **two completed recommendation forms**. One is to be completed by the student's **current teacher** and one by a **school administrator**. **The evaluator must complete all questions on the form below and return the recommendation to the parent in a sealed envelope with their signature on the seal. The evaluations must be submitted with completed the application.**

Student name _____ Parent's name _____

Grade _____ School year _____

PLEASE RATE THE STUDENT IN THE FOLLOWING AREAS BY PLACING A CHECK IN THE APPROPRIATE BOX.

	Superior (top 5%)	Good	Below Average	Not Observed
Respect toward authority				
Behavior/attitude				
Creativity				
Relationship with peers				
Family Support				
Acceptance of criticism				
Work ethic/diligence				
Organizational skills				

In the space below, please tell us how long you have known and how well you know this student and his/her family. We would like to know your perception of his/her academic achievement, motivation, character, attitude, and discipline in the classroom. Please use the back of this form if additional space is needed. Thank you for taking time to complete this form.

_____

_____

_____

_____

(**School administrator only**) Has the student ever been suspended or expelled? _____ Please explain._____

_____

_____

Name: _____ Phone ( ) _____

Title: _____

Signature: _____Date:_____