

Student Recommendation Form

Atholton Adventist Academy
Training for Today, Tomorrow, and Eternity

Phone: 410-740-2425

Fax: 410-740-2545

E-mail: office@atholton.us

Applicant's Name: _____ **Entering grade** _____

To be completed by applicants previous school's teacher and/or principal. Please give a general assessment of the applicant applying for admission to Atholton Adventist Academy. All information will be kept confidential.

How long have you known this applicant and in what capacity?

In what area is the applicant most exceptional?

In what area does the applicant need the most improvement?

Does the applicant have any special academic needs or been evaluated for any physical, emotional, or academic reason?

Does the applicant get along well with other students?

Has the applicant had any discipline problems? (Please explain)

How well do you feel the applicant handles differences of opinion?

To your knowledge has the student ever used tobacco, alcohol, or drugs?

Over

In terms of the qualities listed below, please give us your appraisal of the applicant:

Qualities	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				
Shows respect for others				
Cooperative				

Overall rating: _____ Strongly recommend _____ Recommend
 _____ Recommend with reservations _____ Do not recommend

May we contact you for further information? Yes _____ No _____

Administrator: Have all financial obligations to your school been fulfilled? Yes _____ No _____

Reference completed by: _____

Title: _____

Institution: _____

Phone Number: _____

E-mail address: _____

Return completed form to:

Atholton Adventist Academy
 Attention: Admissions
 6520 Martin Road
 Columbia, MD 21044