



**School Recommendation Form: To be completed
by a current Principal, Dean of Students,
Assistant Principal or Guidance Counselor.**

Applicants Name: _____

Date of Birth: _____ Current Grade Level: _____

Parent/Guardian Signature: _____

Instructions for School Official: The above named student is applying for admission to Mount Dora Christian Academy. Please complete this form and return as soon as possible to the address below. Your response will remain confidential.

Please answer each question:

	Yes	No	Unknown
1. Would you accept this child in your school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has he/she ever required disciplinary action by school officials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has he/she ever been dismissed or suspended for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this individual been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has this student ever had a problem with intoxicants or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recommend this student? Yes No Prefer Not to Make a Recommendation Phone Me

Additional Comments: _____

School Name: _____ Administrator Name: _____

School Official Signature: _____ Title: _____

Contact Info: _____ Date: _____

Thank you for taking your time to assist us in this way. Your prompt response is greatly appreciated.

Mount Dora Christian Academy | 301 West 13th Ave | Mount Dora, FL 32757

Attn: Natalie Yawn

Director of Admission

natalie.yawn@mdcacademy.org

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