



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

Applicant's Name: _____

Date of Birth: _____ Current Grade Level: _____

Instructions for School Official: The above named student is applying for admission to Mount Dora Christian Academy. Please complete this form and return via fax or email. Please Note: All information is confidential, not available to parents or students, and is used only in the admission process.

Please answer each question:

	Yes	No	Unknown or N/A
1. Is this student eligible to re-enter your school for the next term?	<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"/>
6. Does this student's family meet their financial obligations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Please rate the parent/guardian's support of your school: <input type="checkbox"/> Exceptional <input type="checkbox"/> Quite good <input type="checkbox"/> Average <input type="checkbox"/> Sometimes unsupportive <input type="checkbox"/> Often unsupportive, critical of school			

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: Enrollment Management Office

admissions@mdcademy.org

Fax: 352-383-0098 | Phone: 352-720-0355