MMA
MISSOURI MILITARY ACADEMY

SCHOOL ADMINISTRATOR SCHOOL COUNSELOR RECOMMENDATION

Parent or Guardian: Please submit this form to your son's principal or counselor and have them forward it directly to MMA via fax 573.581.0081, or electronically to info@missourimilitaryacademy.org, or by regular mail to the address on page 2.

APPLICANT INFORMATION			
First Name	**Middle Name**	**Surname or Family Name**	**Birthdate (MM/DD/YYYY)**

Dear School Administrator or Counselor:

The student listed above has made application for admission to Missouri Military Academy. Your candid assessment of his ability and promise will help the Admissions Committee render a decision about a possible acceptance. Your evaluation will be kept in confidence.

1. Is the applicant currently enrolled or most recently enrolled in your school?	**YES ☐ NO ☐**

2. Is the applicant eligible to return or re-enroll in your school next term? If "NO" please explain.	**YES ☐ NO ☐**

3. Is the applicant enrolled in any alternative school or special education program? If "YES" please explain and forward a copy of the most recent IEP or 504 Plan.	**YES ☐ NO ☐**

4. Has the applicant ever been suspended, dismissed, expelled or requested to withdraw from your school for any reason? If "YES" please provide date(s), describe the circumstances regarding the incident, and state the nature of the action taken.	**YES ☐ NO ☐**

5. Has the applicant had any episodes of violence at school? If "YES" please provide date(s) and describe the circumstances.	**YES ☐ NO ☐**

(Please see reverse side for additional questions)

6. Has the applicant ever been tested, diagnosed and identified as having a learning disability? If "YES" what is the nature of his learning disability?	YES ☐ NO ☐

7. Has the applicant ever been tested, diagnosed and identified as having a behavioral disorder? If "YES" what is the nature of his behavioral disorder?	YES ☐ NO ☐

8. In your opinion, will this applicant do well in a dormitory situation in which he has a roommate? If "NO" please explain.	YES ☐ NO ☐

9. How do you recommend the applicant for admission to Missouri Military Academy?					
	Enthusiastically	With Confidence	Acceptable	Doubtfully	Not Recommended
As a person					
As a student					

10. How long have you known or worked with the applicant?	_____ Years _____ Months

Thank you for taking your valuable time to complete this recommendation. Your reflections are an important part of the candidate's application. All information you provide will be held in confidence and only disclosed to members of the Admissions Committee or others considered necessary by the Director of Admissions.

Your Name	Professional Title	Telephone
Name of School	**Mailing Address: # and Street**	
City, State	**Country**	**Zip or Postal Code**
E-Mail		

Your Signature: _____ **Date:** _____

Please return this form to:

Office of Admissions
Missouri Military Academy
204 Grand Street
Mexico, MO 65265 USA
info@missourimilitaryacademy.org
Phone 573.581.1776 x 323
Fax 573.581.0081