BALBOA ACADEMY

Recommendation Form for Grades 1-12

(To be filled out by the Principal,Teacher, Head, or Counselor and Finance Office)

Name of Student: _____ Grade: _____

Please place check marks that represent your evaluation of the student in comparison to other students in his or her age group. If you have no basis for judgment, do not hesitate to say so.

	One of the Top Few	Excellent	Above Average	Average	Below	No Basis for Judgement
Academic Potential						
Academic Achievement						
Effort/Determination						
Organization						
Responsibility						
Emotional Stability						

1. Has the student been involved in acts of dishonesty? Yes ____ No ___
2. Has the student been disciplined for violating your school's drug, alcohol, or tobacco policy? Yes __ No__
3. Has the student been involved in disorderly or disruptive conduct? Yes ___ No__
4. Has the student exhibited difficulty adjusting to other students? Yes ___ No ___
5. Has the student ever been expelled, suspended, placed on probation, or received other serious sanctions? Yes ___ No___
6. Has the student participated in the following academic programs? Gifted___ Learning Support ___ Outside Tutoring ___ Other ____
7. Is the student eligible to re-enter your school next term? Yes ___ No ___ (if no, explain below).

Please explain any "yes" answers on questions or make comments which would be helpful to the Admission Committee.

_____

_____

_____

_____

Should you prefer to discuss by telephone, please check. ☐

1. How would you consider the student's parents: Rarely Cooperative ___ Generally Cooperative ___Exceptionally Cooperative ___

(To Be Filled Out by Finance Office)

2. Do parents meet financial obligations? Yes _____ No (explain below) _____ Not Applicable _____

_____

_____

_____

_____/_____/_____

Name (Please Print) Position Email Address

_____/_____/_____

School Phone Number Mailing Address

_____/_____

Signature Date