Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal/Guidance Counselor Recommendation Form**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

Applicant’s Name-(Last) First Middle Grade

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Person Completing Form Title Phone #

Thank you for taking the time to complete this recommendation. We find candid evaluations helpful in the admissions process. This information is for admission use only. Your professional opinion is extremely helpful in evaluation this student. Please complete this confidential recommendation form and return it directly to **Christ Classical Academy PO Box 2275 Morganton, NC 28680 28680.**

1. Is student in good standing with your school? [ ]  Yes or [ ]  No If no, please explain:
2. Does student have an acceptable Attendance record? [ ]  Yes or [ ]  No If no, please explain:
3. Has student ever been suspended or expelled? [ ]  Yes or [ ]  No If no, please explain:
4. Does student have an IEP or 504? [ ]  Yes or [ ]  No If no, please explain:
5. Has student ever been retained? [ ]  Yes or [ ]  No If no, please explain:
6. Does student accept authority? [ ]  Yes or [ ]  No If no, please explain:
7. Are parents of student cooperative? [ ]  Yes or [ ]  No If no, please explain:

Please comment on any other aspect of this student’s character, personality and academic performance, if applicable.

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