

Ukiah Junior Academy

SCHOOL RECOMMENDATION

Name of Applicant

Grade Entering

Date of Birth

Principal/Head of School or Counselor

The above-named student is a candidate for admission to Ukiah Junior Academy.

As a school official, we would appreciate your response to the following questions. Your comments will be held in confidence. Thank you for your assistance as we consider this student for admission into Ukiah Junior Academy.

Your name (please print)

Position/Title

Name of school

Address of school

City

State

Postal Code

Preferred phone number and hours available

Type of School: SDA Public Private Home School

How long have you known the applicant, and in what capacity?

How well do you feel you know the applicant? Very well Fairly well Not very well

In what subjects would you consider the applicant advanced or gifted?

Where does the applicant rank in his/her class? Top 10% Top 25% Top half Bottom half

From your observations, does the applicant support the values of your school? Yes No

Has the student ever been subject to discipline at your school? Yes No

Has the applicant ever been suspended or dismissed from your school? Yes No

If you answered yes to either question above, please explain:

To your knowledge, has the applicant used any of the following during the past year? (Answering yes will not disqualify the applicant from consideration.)

Alcohol Yes No

Tobacco Yes No

Illegal Drugs Yes No

Other, specify _____

Ukiah Junior Academy

Compared with other students at the same grade level, please rate the applicant in the following areas:

Academic Qualities

	Very Good	Good	Average	Below Average	No Basis for Evaluation
Academic Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading Comprehension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention Span	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Study Habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments on applicant's academic qualities (optional):

Personal Qualities

	Very Good	Good	Average	Below Average	No Basis for Evaluation
Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect for Adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual Interest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments on applicant's personal qualities (optional):

Based on your knowledge of the student, what recommendation would you give for admittance to a Christian school like Ukiah Junior Academy?

Is there any additional information that can be better conveyed in a phone conversation? Yes No
List the phone number and hours where you can be reached.

Thank you for completing this form. Your remarks will help us evaluate this candidate's application.

Signature

Date