FREDERICA ACADEMY APPLICATION FOR ADMISSION CURRENT TEACHER RECOMMENDATION (GRADES 1-5)

TO THE APPLICANT: Please print or type the student's name below and give this form to his/her current teacher for completion. Please provide the teacher with a stamped envelope addressed to:

OFFICE OF ADMISSION, FREDERICA ACADEMY, 200 MURRAY WAY, SAINT SIMONS ISLAND, GEORGIA 31522

Student's Name: ____

Grade Applying to: _____ To Begin: _____

TO THE TEACHER: This student is applying for admission to Frederica Academy, an independent college preparatory school. We are interested in your evaluation of his/her abilities and potential. Your input is a vital part of our process. Please complete this form carefully and thoroughly. If you have questions, please feel free to call (912) 638-9981 extension 106.

How long have you known the student? ____

In what grade(s) and subject(s) have you taught him/her? ______

If you had to indicate the outstanding attributes of this student in a few words, what would they be?______

Computation Understanding Ability to Grasp New Concepts

| | No Basis for Judgement | | Poor | Below Average | Average | Above Average | Well Above Average | Excellent |
|----------------|---------------------------|-------------------|------|------------------|---------|------------------|-----------------------|-----------|
| Academic | Academic F | otential | | | | | | |
| Qualities | Academic A | chievement | | | | | | |
| | Effort | | | | | | | |
| | Study Habit | s | | | | | | |
| | Ability to W | ork in a Group | | | | | | |
| | Ability to W | ork Independently | | | | | | |
| | Class Partic | ipation | | | | | | |
| | Creativity | | | | | | | |
| | Homework | Preparation | | | | | | |
| | Intellectual | Curiosity | | | | | | |
| | Motivation | | | | | | | |
| | Organizatio | nal Skills | | | | | | |
| | Use of Time | <u>)</u> | | | | | | |
| | Willingness | to Ask for Help | | | | | | |
| | Ability to Fo | llow Directions | | | | | | |
| | Ability to Re | emain on Task | | | | | | |
| | | | | | | | | |
| English Skills | Reading Ski | II and Interest | | | | | | |
| | Written Exp | ression | | | | | | |
| | Oral Expres | sion | | | | | | |
| | | | | | | | | |
| Math Skills | Knowledge | of Basic Skills | | | | | | |
| | Computatio | n Accuracy | 1 | | 1 | 1 | | |

Math Series ____

No Basis for Above Well Above Judgement Poor **Below Average** Average Average Average Excellent Leadership Potential Personal Qualities Attitude Towards School Citizenship Motivation Integrity Respect for Others Social Adjustment with Peers Responsibility **Displays Appropriate Conduct** Maturity Sense of Humor **Emotional Stability** Spirit of Cooperation Self Confidence

Additional Information

| | Attendance | | | |
|--|----------------------------|--|--|--|
| | Punctuality | | | |
| | Parent Support/Involvement | | | |
| | Parent Participation | | | |

Please share any additional information that would be helpful regarding the student's attendance and punctuality.

Please share any additional information that would be helpful regarding the student's parental involvement.

How does this student react to rules and authority?

Please list any weaknesses or problems of which we should be aware. List any special or unusual circumstances (positive or negative) which may be relevant to the student's performance in school.

Do you have any reason to question the applicant's academic or personal integrity? If yes, please explain.

Please list any additional strengths and abilities that will assist us with a final decision.

What kind of support might the student need from our school to reach his/her potential?

Has this student had any problem with discipline? If yes, please explain.

Is there any additional information that can be better conveyed in a phone conversation? 🛛 Yes 🛛 🗋 No 🛛 Phone number: ____

I recommend this student: 🗅 Enthusiastically 🗅 Confidently 🗅 With reservation 🕒 Not at this time

TEACHER INFORMATION

| Name and position of person completing this form (please print): | |
|--|---------------|
| Teacher Email: | |
| School Name: | Phone Number: |
| Signature: | Date: |
| | |

Your cooperation and candor are sincerely appreciated. To ensure confidentiality, please return this form directly to the Office of Admission, Frederica Academy, 200 Murray Way, St. Simons Island, Georgia 31522. You may also scan and email to **helenrentz@fredericaacademy.org**.