



**Applicant Recommendation Form
Grades 1 - 8**

To be completed by parent/guardian:

Name of Applicant: _____ Grade for which applying: _____

I authorize the confidential evaluation, along with official school records, to be completed and sent to St. John's Episcopal Parish Day School for the purpose of acceptance and placement evaluation.

Parent/Guardian Signature

Date

To be completed by school administrator:

This student is applying for admission to St. John's Episcopal Parish Day School. Please complete this form and return it, along with student's transcripts and standardized test scores to Director of Admissions, 240 South Plant Avenue, Tampa, FL 33606-2310 or by fax to (813) 250-0769

Rating Scale: 5 (exceptionally high) to 1 (very low)

- _____ Academic Ability
- _____ Emotional Stability
- _____ Integrity
- _____ Motivation
- _____ Recommendation as a Student
- _____ Extracurricular Activities

Please list activities: _____

- _____ Conduct/Discipline
- _____ Organizational Skills
- _____ Ability to Work Independently
- _____ Parents' Cooperation with the School
- _____ Parents' Timely Payment of Tuition and Other Fees

Please answer "Yes" or "No" to the following:

1. Would this student be invited back to your school next year? _____
If no, please elaborate. _____
2. Has the child ever had any serious disciplinary action taken against him/her? _____
If so, please elaborate. _____
3. Has the child ever been evaluated for learning or emotional challenges? _____
If so, please elaborate. _____

1. Does candidate have any outstanding abilities or deficiencies not covered by above categories? Yes___ No___ Elaborate _____

2. Does candidate have any significant limitations (physical, emotional, social)?

Yes___ No___

Elaborate_____

3. Has the candidate ever been recommended for any of the following special programs:

Gifted___ Learning Disabled___ Impaired Vision___ Speech___ Hearing___

Did child participate?

Yes___ No___ In which?_____

The Admissions Committee would appreciate a frank statement summarizing your opinion of this student's willingness and ability to succeed in a highly-structured, academically challenging school. Please use the space below for your statement. Thank you for your time and effort in evaluating this student and assisting both the candidate and St. John's. Your information will remain confidential.

Signature of Recommending Administrator _____ Date _____

Name of School _____