

Teacher Recommendation Form

TO BE COMPLETED BY THE APPLICANT:

Today's Date		Student's S	ocial Securi	ty Number (REQUIRED) _	
Applicant Name _	First	Last			Grade
Address			Apt #	<u></u>	
	City, Sta	te, Zip			
School Presently	Attending (P	ublic or Priva	ate)		
Under the provisions o	f the Family Ed	ucational Righ	nts and Privacy	R MUST COMPLETE of Act of 1974, you may decide we available for your personal in:	hether letters of reference written
	Pa	rents, please	check one of tl	ne statements below and sign.	
Confidentia	l file. I grant	permission	n for this let	ter of recommendation to	be held confidential.
Open file.	l retain the c	hoice of ha	ving letters	of reference available to	me.
Signature o	of Parent				

Please rank this student on the following qualities using the scale below.

	Below Average	Average	Good	Excellent
Responsibility				
Dependability				
Leadership Potential				
Respectful				
Self-disciplined				
Follows directions				
Motivation				
Get along with Others				
Honesty				
Attitude				
Homework Completion				
Attendance				
Tardies				
Adheres to Dress Code				
Conduct				

Please describe the family's relationship with the faculty, parish, organization, etc.				
Describe the strengths of the student and how they	have been demonstrated:			
Describe the weaknesses of the student and how t	hey have been evident:			
May we contact you personally for additional inform				
Name of Recommender:				
School	Phone:			
Title:				
I highly recommend this student for enrollment at I I recommend this student for enrollment at I I recommend this student with reservation for I do not recommend this student for enrollment at I	Heritage Academy. or enrollment at Heritage Academy.			
Signature of Recommender				

Thank you for your help,

Faculty and Staff of Heritage Academy 333 Greene Street, Augusta, GA 30901 www.HeritageAcademyAugusta.org 706-821-0034