

What special skills, interests or pastimes - creative, athletic, social, etc. - does the applicant have?

Please briefly describe the applicant's academic performance, noting any special strengths or weaknesses in skills and knowledge.

Please briefly describe the applicant as a person, noting such factors as warmth, politeness, sense of humor, reaction to criticism, level of responsibility, leadership potential and maturity.

Please identify any physical, intellectual, emotional, medical or other factors that could affect the applicant's academic or social progress at school.

Please check:	Enthusiastically Recommend	Recommend with Confidence	Recommend with Reservations	Do not Recommend
As a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Position _____

Name (Please Print) _____ Phone _____

Present address _____

We appreciate your time and consideration in the completion of this form. Thank you!

Please mail to:

**Admissions Director
Independent Day School
12015 Orange Grove Drive
Tampa, Florida 33618-3699**

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