

Recommendation Form #2 Principal

To be completed by your **former principal**. The purpose of this form is to request a general assessment of the student, which will become part of his/her application for admission to **Highland View Academy**. All information that you furnish will be kept confidential.

Applicant's Name:	Grade Applying For:	
How long have you known the applicant and in what capacity?		
In what area is the applicant most exceptional?		
In what area does the applicant need most improvement?		
Does the student have any special academic needs and have they been		
Does the student get along well with other students?		
Has the student had any discipline problems? (Please explain)		
How well do you feel the applicant handles difference of opinion?		
To your knowledge, has the student ever used tobacco, alcohol, or drug	gs?	
Have all financial obligations to your school been fulfilled? (To be come	plated by an Administrator)	

For each of the qualities listed below, check the most appropriate descriptor:

	N/A	Below Average	Average	Above Average
Energy and initiative				
Leadership				
Responsibility				
Self-confidence				
Warmth of personality				
Sense of humor				
Concern for others				
Reaction to criticism				
Reaction to setbacks				
Maturity				
Good judgment				
Self-discipline				
Personal appearance				
Attendance				
Shows respect for others				
Cooperative				

Strongly recommend	Recommend
Recommend with reservations	Do not recommend
Reference given by:	
Title:	
Institution:	
Address:	
Phone Number:	
Email Address:	
May we contact you for further information? Yes No	
Return the completed form via EMAIL to: admissions@hva-ed	u.com
If you are unable to email, please send in a sealed envelope (not inclu	ded) to: Highland View Academy ATTN: ADMISSIONS 10100 Academy Drive Hagerstown, MD 21740

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