



# ADMISSIONS RECOMMENDATION FORM

**To the Applicant (Grades 1<sup>st</sup> – 8<sup>th</sup>):** A total of two recommendations are needed. One from a current educator (Math, Science, or English), and one from your current Principal/Head of School or Vice Principal.

**To the Recommender:** This student is seeking admission to Indigo Christian Junior Academy. Your answer to the following questions will aid us in processing this application. Your responses will remain confidential.

### STUDENT AND RECOMMENDER INFORMATION

STUDENT NAME	CURRENT SCHOOL	CURRENT GRADE
RECOMMENDER NAME	TITLE/POSITION	SCHOOL/INSTITUTION
RECOMMENDER ADDRESS	PHONE NUMBER	EMAIL ADDRESS

### RECOMMENDATION

STUDENT ASSESMENT	Superior	Good	Average	Poor	Not Known
Academic Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy and Tact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Toward Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sociability and Friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant and in what way?

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To your best knowledge, had the applicant used: Alcohol \_\_\_\_\_ Tobacco \_\_\_\_\_ Illegal Drugs \_\_\_\_\_

Note any disciplinary actions:

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### FINAL ASSESMENT AND SIGNATURE

Highly recommended  Recommended  Recommended with reservation  Do not recommend

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RECOMMENDER SIGNATURE

DATE

PLEASE RETURN DIRECTLY TO:

[indigo@flcoe.org](mailto:indigo@flcoe.org)

or

401 N. Williamson Blvd.  
Daytona Beach, FL 32114