

SCHOOL RECOMMENDATION FORM

Name of applicant _____ Grade _____

To the Parent: Print the above information and give this form to the student's teacher. Please read and sign the statement below.

For the student named above, I acknowledge that I waive my right to read the confidential teacher recommendations. I understand that teacher recommendations are to be sent directly to the school, and will not be accepted unless received directly from the school. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to American Heritage/American Academy School.

Name of Parent or Guardian (please print) _____ Phone number _____

Signature of Parent or Guardian _____ Date _____

To the teacher: This student is seeking admission to American Heritage/American Academy. The school curriculum is college preparatory. The inherent features of life in an independent day school requires that all students be of good character and able to live agreeably with their peers.

We would appreciate your observations about the areas listed below. Please be assured that this information will be held in strict confidence, that it will be used solely for the admissions process and will be removed from the student file upon enrollment. **If you wish to discuss this student personally rather than complete this form, please check here , sign the form and note your telephone number.** The Director of Admissions will contact you.

AREAS	Below Average	Average	Good (Above Average)	Excellent (Top 10%)	Outstanding (Top 5%)	One of the top few I have encountered in my career
ACADEMIC ABILITY						
INTELLECTUAL PROMISE						
QUALITY OF WRITING						
EXTRACURRICULAR ACTIVITIES						
INTEGRITY						
CONDUCT						
PRODUCTIVE CLASS DISCUSSION						
DISCIPLINED WORK HABITS						
PERSONAL OVERALL QUALITIES						
MATURITY						

LEADERSHIP						
SELF CONFIDENCE						
REACTION TO SETBACKS						
RESPECT ACCORDED BY FACULTY						
CARE AND CONCERN FOR OTHERS						

Please use the back of this form to write a narrative report to further describe the candidate.

Date: _____

Signature _____ Title _____

Printed name:

Mr./Mrs./Miss/Ms./Dr. _____

Name of school _____ Phone number w/area code _____

Address _____ City _____ State/Zip _____

After completion, please mail to Director of Admissions, American Heritage School, 6200 Linton Blvd, Delray Beach, FL 33484 or fax to Admissions at: 561-495-4192. The office phone number is 561-495-7272 ext. 219