

**PRINCIPAL RECOMMENDATION FORM**

Applicant’s Name: Applying to Grade:

How long have you known the applicant?

What adjectives come to mind when you think of this applicant?

Please check the appropriate rating below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Superior | Good | Average | Below Average | Poor |
| Academic Potential |  |  |  |  |  |
| Academic Drive |  |  |  |  |  |
| Conduct |  |  |  |  |  |
| Respect for Authority |  |  |  |  |  |
| Respect for Peers |  |  |  |  |  |
| Parental Support |  |  |  |  |  |
| Overall |  |  |  |  |  |

Has the student had any disciplinary problems? If so, please explain.

Has the student been diagnosed with learning differences?

Does the student have an unusual number of absences? If so, please explain.

I strongly recommend recommend do not recommend this student for admission to Legacy Preparatory Christian Academy.

Name: School:

Address: Phone:

Signature: Date:

Thank you for completing this recommendation form. All information will be considered strictly confidential. Please mail or email this form directly to the school office: Legacy Preparatory Christian Academy

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