

STUDENT RECOMMENDATION FORM



This form should be submitted to INHOME Academy within five days of receipt.

The recommendation forms must be completed before a student is fully registered at INHOME Academy.

Applying students need two (2) recommendations from any of the following choices:

[a] students' former or current principal, vice principal or treasurer; [b] current or former teacher;

[c] another teacher, a guidance counselor, church elder, or a pastor. No recommendations should come from family members or friends.

Student Name: _____ Applying for Grade: _____

The above-named student is applying for admission to INHOME Academy. Please complete this form and return as soon as possible. You can send it via email to admin@inhomeacademy.org or mail it to INHOME Academy 2058 County Road 88 Fort Payne, AL 35968. Please notify us by phone if you submit the form via email, and if you have any questions, feel free to contact us at 256-384-1777.

In what capacity have you known the applicant? ☐ Current teacher ☐ Former teacher ☐ School administration ☐ Pastor

How long have you known the applicant? ☐ 1-2 years ☐ 3-4 years ☐ 5+ years

When was your last interaction with the applicant? ☐ Current ☐ 1 year ago ☐ 2+ years

How would you rate the applicant in the following areas?

Please rate the applicant as follows: Very Good, Average, Poor, or Don't Know

Christian influence _____

Academic ability _____

Dependability _____

Cooperation with authority _____

Kindness and Courtesy _____

To the best of your knowledge, has the applicant repeated a grade? ☐ No ☐ Yes

To the best of your knowledge, has the applicant ever been suspended, dismissed from school, on probation, or arrested? ☐ No ☐ Yes

If so, please explain:

To the best of your knowledge, does the student have an unpaid tuition balance at the school last attended? ☐ No ☐ Yes

What are the first three words that come to mind to describe this student?

(1) _____ (2) _____ (3) _____

Do you recommend this student? ☐ Yes, without reservation ☐ Yes with reservation ☐ No, not at this time

General Comments: (Please list strengths/weaknesses, etc.)

Name (Please Print)

Signature

Date

Position

Organization Name

Telephone