



STUDENT RECOMMENDATION

The following student has applied for admission to Wisconsin Academy. We ask for your help in evaluating the applicant as a potential student at this school. This form will be kept in strict confidence. Thank you for your help.

Mail to: Wisconsin Academy, Office of the Registrar, N2355 DuBorg Rd. Columbus, WI 53925

Fax to: (920) 626-6688

NAME OF APPLICANT:

Please circle the number that best identifies the items below by the following scale:

6 – Excellent 5 – Above Average 4 – Average 3 – Below Average 2 – Poor 1 – Inadequate Information

Religious Commitment	6	5	4	3	2	1
Honesty	6	5	4	3	2	1
Attitude Toward Authority	6	5	4	3	2	1
Influence on Fellow Peers	6	5	4	3	2	1
Ability to Get Along with Others	6	5	4	3	2	1
Punctuality	6	5	4	3	2	1
Emotional Stability	6	5	4	3	2	1
Motivation to Achieve	6	5	4	3	2	1
Intellectual Ability	6	5	4	3	2	1
Health and Vigor	6	5	4	3	2	1
Home Environment	6	5	4	3	2	1

Within your knowledge, has the applicant ever:	Yes	No
Used Tobacco		
Used Alcoholic Beverages		
Used Illegal Drugs		
Used Profane Language		
Been Involved in Theft		
Been Suspended from School		
Been Involved with Juvenile Authorities		

How long have you known the applicant? 1-2 years 3-4 years 5 or more

In what capacity have you known the applicant? Principal Teacher Pastor Other _____

To your knowledge, does the applicant have any major conflicting difficulties or disabilities? Yes ___ No ___
 What is your recommendation to the committee concerning this application?

- Accept without Reservation _____
- Accept with Reservation _____
- Do Not Accept _____

** If you select "Accept with Reservation" or "Do Not Accept" please use the back of this sheet to explain your concerns.**

Name:	Phone:	Signature:
Address:		Date: