

**Foundation Christian Academy – Recommendation Form**  
**Return to: Sherri Smith 3955 Lithia-Pinecrest Rd. • Valrico, FL 33596**

The applicant below is requesting your honest evaluation of his/her ability to succeed in the academic program at Foundation Christian Academy. S/He should provide you with a stamped, addressed envelope to Foundation Christian Academy and allow you the opportunity to complete the form in private. Please mail this form directly to the school. This information will be kept confidential. Thank you for taking your time to help us place this student.

Applicant's Name: \_\_\_\_\_ In what capacity do you know the student? \_\_\_\_\_  
How long? \_\_\_\_\_

In each category, please rate the student from 1 – 5 (with 5 being the best). You may include additional comments on the back.

_____ Responsibility	_____ Self-Discipline	Any Comments? _____
_____ Organization	_____ Time Management	_____
_____ Attitude	_____ Conduct	_____
_____ Attendance	_____ Honesty	_____
_____ Punctuality	_____ Respectfulness	_____
_____ Cooperation	_____ Emotional Stability	_____

May we contact you: \_\_\_\_\_ If yes, phone number: \_\_\_\_\_  
Teachers/Principals: Are the parents supportive of the school program? \_\_\_\_\_  
Comments: \_\_\_\_\_

I have prepared and returned this form privately and with no outside input.

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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