



CONFIDENTIAL RECOMMENDATION FORM

INSTRUCTIONS FOR APPLICANT: Completed Recommendation forms are essential to an admission decision. Complete the upper portion of this form and submit to your previous/current school's administrator.

Applicant's Name _____

Address _____

City _____ State _____ Zip Code _____

Parent or Guardian's Signature _____

Administrator: The person whose name and address appear above has applied for admission to our school. This form is to be completed and mailed directly to MDCA, Admissions Office, 301 West 13th Avenue, Mount Dora, FL 32757; or fax to (352) 383-0098. Your response will remain confidential.

PLEASE CHECK ONE ON EACH LINE

- | | YES | NO | UNKNOWN |
|---|--------------------------|--------------------------|--------------------------|
| 1. Would you accept this student in your school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has he/she ever been dismissed or suspended for any reason? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the applicant ever required disciplinary action by school officials? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this individual been convicted of a misdemeanor or felony? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has this student ever had a problem with intoxicants or drugs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- PLEASE CHECK ONE Recommended for Admission Not Recommended
 Prefer not to make a recommendation Phone Me

Please explain your answer _____

School _____ Grade _____

Address _____

Signed _____ Date _____

Title _____ Phone _____