



**WINTER HAVEN ADVENTIST ACADEMY**  
 AN ACCREDITED SEVENTH-DAY ADVENTIST CHRISTIAN SCHOOL  
 PO Box 7169 ~ Winter Haven, FL 33880 ~ (863) 299-7984



**Adventist Education**  
 A JOURNEY TO EXCELLENCE

<https://winterhaven22.adventistschoolconnect.org/>

# Student Recommendation

**Instructions:** Prospective students need three (3) recommendations. At least one (1) recommendation must come from a teacher, and one (1) preferably from a pastor or clergy.

**Student Name:** \_\_\_\_\_ **Applying for Grade:** (Circle one) **K 1 2 3 4 5 6 7 8**  
**ONLINE: 9 10 11 12**

The above named student is applying for admission to Winter Haven Adventist Academy. Please complete this form and return it as soon as possible to: **Winter Haven Adventist Academy, P.O. Box 7169, Winter Haven, FL 33883.**

**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

**In what capacity have you known the applicant?**  Teacher  Principal  Pastor  Friend

**How would you rate the applicant in the following areas?**

Christian influence	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know
Academic ability	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know
Dependability	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know
Cooperation with authority	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know
Kindness and courtesy	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know

**To your knowledge, has the applicant ever used:**  Alcohol  Tobacco  Drugs  None

**To your knowledge, has the applicant been suspended or dismissed from school, arrested, or on probation?**

**To your knowledge, has the applicant ever been evaluated and/or placed on an Individual Educational Plan (IEP)?**  
 (If so, please explain – use back if more space is required)

**General Comments:** (Please list strengths/weaknesses – use back if more space is required)

**Do you recommend this student**  Yes-without reservation  Yes-with reservation  No-not at this time

<b>Name</b> (Please Print)	<b>Signature</b>	<b>Date</b>
<b>Position</b>	<b>Organization</b>	<b>Phone</b>
<b>Address</b>	<b>City, ST</b>	<b>Zip</b>