



Geneva Classical Academy

Administrator Reference Form

For applicants to grades 2-12

Dear Parent:

As a part of your student's application to Geneva Classical Academy, please complete the top portion of this form and submit it to the administrator at your student's current school.

Student Name _____ Applying for Grade _____

Parent/Guardian Name (printed) _____

Please read and sign the following statement:

I acknowledge that this reference form will be kept confidential between my child's administrator and Geneva Classical Academy Admissions Committee. I understand that I will not be made aware of the information provided here. I authorize the release of my child's records and evaluative data to Geneva Classical Academy.

Parent/Guardian Signature _____ Date _____

Dear Administrator:

The above-named student has applied to Geneva Classical Academy. We would like to consider your evaluation of this student as a part of our admissions process. Please complete this form and return it to Geneva. If you have any questions or would like to speak to someone about this reference, please call our Registrar Office. **Please note that this student's application will not be considered complete without this form and all information will be kept confidential.** Your prompt response will be greatly appreciated.

Administrator Name _____ Specific Title _____

School Name _____

School Street Address _____

City _____ State _____ Zip _____ School Phone _____

Administrator Signature _____ Date _____

Please mail this form to:

**Geneva Classical Academy
Attention: Registrar Office
4204 Lakeland Highlands Road
Lakeland, FL 33813**

(over)

On what date did this student enter your school? _____

How long have you known this student? _____

Please circle the most appropriate response:

	Below Average	Average	Above Average	Outstanding
Academic potential	1	2	3	4
Academic motivation	1	2	3	4
Attendance	1	2	3	4
Conduct	1	2	3	4
Respectfulness	1	2	3	4
Overall recommendation	1	2	3	4

1. How does this student relate with his/her peers and staff members in your school? _____

2. Have the parents been supportive of your school and its policies? _____

3. Has this student ever been referred to you for any disciplinary problems? If so, please explain. _____

4. Has this student ever been referred for evaluation by an educational psychologist or learning specialist? _____

5. Please provide any other information which you feel will be useful in our assessment of this student. _____

Please indicate your level of recommendation regarding this student's admission to our school:

Enthusiastically Strongly Fairly strongly With reservation Do not recommend

Thank you for taking your time to complete this reference form. We appreciate your input.



Geneva Classical Academy

Teacher Reference Form

For applicants to grades 2-5

Dear Parent:

As a part of your child's application to Geneva Classical Academy, please complete the top portion of this form and submit it to your child's current primary teacher at his/her school.

Student Name _____ Current Grade _____

Parent/Guardian Name (printed) _____

Please read and sign the following statement:

I acknowledge that this reference form will be kept confidential between my child's administrator and Geneva Classical Academy Admissions Committee. I understand that I will not be made aware of the information provided here. I authorize the release of my child's records and evaluative data to Geneva Classical Academy.

Parent/Guardian Signature _____ Date _____

Dear Teacher:

The above-named student has applied to Geneva Classical Academy. We would like to consider your evaluation of this student as a part of our admissions process. Please complete this form and return it to Geneva. If you have any questions or would like to speak to someone about this reference, please call our Registrar Office. **Please note that this student's application will not be considered complete without this form and all information will be kept confidential.** Your prompt response will be greatly appreciated.

Teacher Name _____ Subject _____ Grade _____

School Name _____

School Street Address _____

City _____ State _____ Zip _____ School Phone _____

Teacher Signature _____ Date _____

Please mail this form to:

**Geneva Classical Academy
Attention: Registrar Office
4204 Lakeland Highlands Road
Lakeland, FL 33813**

(over)

How long have you known this student? _____

Please circle the most appropriate response:

	Below Average	Average	Above Average	Outstanding
Scholastic potential	1	2	3	4
Scholastic achievement	1	2	3	4
Reading Skills	1	2	3	4
Writing/Composition Skills	1	2	3	4
Math Skills – problem solving	1	2	3	4
Math Skills – math facts	1	2	3	4
Effort applied to work	1	2	3	4
Classroom Conduct	1	2	3	4
Neatness/Organization	1	2	3	4
Respectfulness to authority	1	2	3	4
Respectfulness to peers	1	2	3	4
Teachable spirit	1	2	3	4
Overall recommendation	1	2	3	4

1. How does this student relate with his/her peers and teachers in your school? _____

2. Have the parents been involved? Supportive of your role as teacher? _____

3. How would you describe the frequency with which you have behavioral issues with this student (never, rarely, on occasion, frequently)? Please explain. _____

4. Does this student receive or need any special accommodations in the classroom? Outside classroom? _____

5. Please provide any other information which you feel will be useful in our assessment of this student (strengths, weaknesses). _____

Please indicate your level of recommendation regarding this student's admission to our school:

- Enthusiastically Strongly Fairly strongly With reservation Do not recommend

Thank you for taking your time to complete this reference form. We appreciate your input.