



# 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 \_\_\_\_\_

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**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  
1736 New Jersey Road  
Lakeland, FL 33803**

(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.*