



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
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.



Geneva Classical Academy

Student Questionnaire

Completed by applicants to grades 6-12

TO THE APPLICANT:

Please complete this questionnaire without assistance from anyone: your parents, your teacher, or your friends.

Then mail to:

Registrar Office * Geneva Classical Academy * 4410 East County Road 540A * Lakeland, FL * 33813

Applying for Grade: _____ Current Grade: _____ School year: _____

PRINT Full Name: _____
LAST FIRST MIDDLE NAME USED

Please complete promptly and legibly. Any questions that do not apply to you, leave blank.

Estimate your standing in your entire grade by checking one:

___ top tenth ___ top quarter ___ top half ___ bottom half

If your grade is divided into sections according to ability, in what subject(s) are you in the most advanced sections:

List academic subjects of greatest interest to you: _____

List academic subjects of least interest to you: _____

How many hours per week do you spend on required homework? _____

About how much time per week do you read for pleasure? _____

Name two books you have especially enjoyed in the last year. Give titles and authors.

What are your greatest strengths?

Weaknesses?

In what types of extracurricular activities are you involved? Be sure to include sports, clubs, religious and social activities. What is a typical weekly schedule for you? What hobbies do you enjoy?

List jobs inside and outside that family (include volunteer and service work):

Positions of leadership or responsibility that you hold in your school, church, or community.

Describe your favorite teacher. Why has this person made such a strong impression on you?

What do you most like about your current school? If there were one thing you could change, what would it be?

Select two personalities from world history whom you feel to be significant. Explain the reasons for your selection.

1.

2.

Write about an experience that has taught you a lesson.

Why would you like to attend Geneva Classical Academy?

What concerns do you have about attending Geneva Classical Academy?

*Thank you for your candor and taking time to complete this questionnaire.
Your responses will give us the opportunity to know you better.*

Signature: _____ Date: _____



Geneva Classical Academy

Math Teacher Reference Form

For applicants to grades 6-12

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 your student's current math 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 Math 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
1736 New Jersey Road
Lakeland, FL 33803**

(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
Facts/Computation Skills	1	2	3	4
Concepts/Problem Solving Skills	1	2	3	4
Abstract Thought	1	2	3	4
Attitude Toward Subject	1	2	3	4
Effort applied to work	1	2	3	4
Classroom conduct	1	2	3	4
Respect for Authority	1	2	3	4
Leadership Qualities	1	2	3	4
Peer Relations	1	2	3	4
Teachable spirit	1	2	3	4
Even temperament	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.



Geneva Classical Academy

English Teacher Reference Form

For applicants to grades 6-12

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 your student's current English 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 English 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
1736 New Jersey Road
Lakeland, FL 33803**

(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 Skills	1	2	3	4
Grammar	1	2	3	4
Originality of Thought	1	2	3	4
Effort applied to work	1	2	3	4
Classroom conduct	1	2	3	4
Respect for Authority	1	2	3	4
Leadership Qualities	1	2	3	4
Peer Relations	1	2	3	4
Teachable spirit	1	2	3	4
Even temperament	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.