



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.