



# RECOMMENDATION FORM GRADES 1-12



P.O. Box HM 1004  
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Bermuda

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EMAIL ADDRESS: msaoffice@msa.bm

### TO THE PARENT/STUDENT:

Please print your name, address, and school below. Then give this form to your principal, guidance counselor or teacher to complete. You can return with a stamped envelope addressed to Principal, Mount Saint Agnes Academy, P.O. Box HM 1004, Hamilton DX, Bermuda or scan and email to msaoffice@msa.bm.

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Current School: \_\_\_\_\_

Previous School(s) (if Applicable): \_\_\_\_\_

### TO THE SCHOOL OFFICIAL:

Please complete this form and mail to Principal, Mount Saint Agnes Academy, P.O. Box HM 1004, Hamilton DX, Bermuda or scan and email to msaoffice@msa.bm.

Please attach

- Transcripts and most recent report card
- Standardized test scores

How long has the applicant been enrolled in your school? \_\_\_\_\_

How long and in what capacity have you known the student? \_\_\_\_\_

In what areas has the applicant excelled? \_\_\_\_\_

In what areas has the applicant experienced the least success? \_\_\_\_\_

Has the applicant ever been enrolled in special education or other types of special classes? Yes/No (Explain)

Does the student have a current IPP on file? Yes/No

If the student is not or has not been in good academic standing, please explain. \_\_\_\_\_

Has the student ever been dismissed, suspended, placed on probation or received any other serious disciplinary sanction?

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Has she/he withdrawn from school voluntarily for an extended period of time for reasons other than health?

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Are there any behavioral issues that we should be aware of? \_\_\_\_\_

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What are the first three words that come to mind to describe this student? \_\_\_\_\_

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**PLEASE EVALUATE THE STUDENT IN THE FOLLOWING CATEGORIES.**

	ONE OF THE BEST I HAVE EVER ENCOUNTERED	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
ACADEMIC POTENTIAL						
ACADEMIC ACHIEVEMENT						
INTELLECTUAL CURIOSITY						
EFFORT/DETERMINATION						
ABILITY TO WORK INDEPENDENTLY						
ORGANIZATION						
CREATIVITY						
WILLINGNESS TO TAKE INTELLECTUAL RISKS						
CONCERN FOR OTHERS						
HONESTY/INTEGRITY						
SELF-ESTEEM						
MATURITY (RELATIVE TO AGE)						
RESPONSIBILITY						
RESPECT ACCORDED BY FACULTY						
RESPECT ACCORDED BY PEERS						
EMOTIONAL STABILITY						
OVERALL EVALUATION AS A PERSON						
OVERALL EVALUATION AS A STUDENT						
PARENT SUPPORT AND PARTICIPATION						

Please add any additional information that you think will give us a more complete picture of the student.

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SIGNATURE/TITLE

PRINTED NAME

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EMAIL ADDRESS/TELEPHONE NUMBER

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SCHOOL NAME AND ADDRESS