



Mt. Olivet Junior Academy
Recommendation for Admission
 For All 6th-9th Grade Applicants

Instructions to Applicant: Please give an envelope and this form to two of the following individuals to complete.

- A. Pastor
- B. Former School Official /Guidance Counselor
- C. Former Teacher

Instructions to Reference Person: _____ has applied for admission to Mt. Olivet Jr. Academy.
Name of Student

Your answers to the following questions will aid us in guiding the applicant. Please place a check in the box that most accurately describes the student's behavior and attitude. If you have not had an opportunity to observe the student with respect to a given characteristic, please place a check mark in the space at the extreme right of the line. Your response will be held in confidence.

When you have completed the form, please mail it directly to Mt. Olivet Jr. Academy C/O The Principal / 3013 NW 11th Street, Ft. Lauderdale, FL 33311 or fax it to (954) 792-2248. Thank you in advance for your time and attention to this matter.

How long have you known the Applicant? _____ Relationship to Student Applicant _____

Characteristics	Superior	Average	Poor	Not observed
Good Health and Vigor				
Personal Appearance and Neatness				
Influence on other Students				
Integrity				
Courtesy and Tact				
Intellectual Ability				
Judgment				
Leadership				
Reliability				
Academic Motivation				
Attitude towards Authority				
Emotional Stability				
Spiritual Commitment				
Sociability and Friends				
"Parent's Financial Responsibility"				

To your knowledge, has the applicant ever used: Alcohol Tobacco Illegal Drugs

Based on character alone, the applicant is:

____ Highly Recommended ____ Recommended ____ Recommended on Probation ____ Not Recommended

Your Name _____ Position: _____ Date: _____

Phone # _____ Address: _____

You may attach an additional sheet if necessary