

SHENANDOAH VALLEY ACADEMY

234 W. Lee Hwy., New Market, VA 22844

(540) 740-3161 • (540) 740-3336 (fax) • registrar@svasda.org • www.shenandoahvalleyacademy.org

PRINCIPAL/HEAD TEACHER/COUNSELOR RECOMMENDATION FORM

To the Applicant:

Please type or print your name in the space below and then give this form to your Principal, Head Teacher, or Counselor, along with a stamped envelope addressed to Shenandoah Valley Academy Admissions Office. They may also e-mail the form.

Name of Student \_\_\_\_\_ Applicant grade \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

To the Parent/Guardian:

Please read and sign the statement below.

I acknowledge that I waive my right to read the confidential review and the school report for the student listed above.

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

To the Principal/Head Teacher/Counselor:

Shenandoah Valley Academy is a college preparatory school for students in grades nine through twelve. The school caters to young people who respond well to small classes, a structured academic routine, and faculty support in a spiritual environment. Many students who enter Shenandoah Valley Academy have yet to realize their fullest academic potential. These same students graduate with the skills and poise necessary for success in college and in life.

The student whose name appears above has applied for admission to Shenandoah Valley Academy. Your candid observations will help the Admissions Committee evaluate the appropriateness of Shenandoah Valley Academy for the applicant. This review will remain confidential and will not become part of the student's permanent record. Please return your review directly to the school at the address at the top of the page. Thank you for your help in this important process.

Name \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_

ACADEMIC AND PERSONAL QUALITIES

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

What are the first three words that come to mind to describe the applicant?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

What do you consider to be the applicant's greatest strengths? \_\_\_\_\_

What do you consider to be the applicant's greatest needs? \_\_\_\_\_

Please comment on the applicant's approach to school (intellectual curiosity; study habits; perseverance; class participation; initiative and resourcefulness; reaction to advice or criticism).

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Please comment on the applicant's academic skills.

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Please comment on the applicant's character and personality (integrity; acceptance of responsibilities; maturity; self-confidence; sense of humor; warmth of personality).

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Is there any evidence or demonstration that suggests this student's lifestyle, sexual orientation, or behavior would be incompatible with the Christian principles set forth by Shenandoah Valley Academy?

No  Yes: \_\_\_\_\_

Please comment on the applicant's relationship with others (leadership; rapport with peers, adults, and family).

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Please comment on any circumstances inside or outside of school that affect the applicant's life at school.

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Please list any special recognition the applicant has received.

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Does the applicant have any personal, emotional, or physical difficulties of which the school should be aware?

No  Yes: \_\_\_\_\_

### **PARENT/SCHOOL RELATIONSHIP**

To your knowledge, is the parents' perception of the student consistent with the school's understanding of him/her?

Always  Sometimes  Usually  Rarely  Other: \_\_\_\_\_

Which words best describe the parents in regard to their child?

Overly demanding  Appropriate  Overly supportive  Other: \_\_\_\_\_

If we have any additional question, may we call you?

No  Yes, my phone number is: \_\_\_\_\_

Most convenient time to call: \_\_\_\_\_

Signature of Principal/Head Teacher/Counselor \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please submit by e-mail, mail, or fax to our Admissions Office.*