Maur Hill – Mount Academy

1000 Green Street
Atchison, KS 66002
Telephone: 913-367-5482
Fax: 913-367-5096
admissions@mh-ma.com

Teacher Recommendation Form

Student Information:

Name: _____ Applying for grade:_____

Parent(s):_____ Phone:_____

The student/family will give this form to the teacher of their choice to be filled out. The teacher will submit this form to the admissions office or return it to a student in a sealed envelope to be submitted. **Teacher completes the rest of the form.**

Person Completing Form

The above named applicant has applied to Maur Hill - Mount Academy and has given your name as a personal reference. Please indicate your opinions of this student in respect to any of the following areas in which you feel qualified to judge from your observation, records, and personal experience. Your communications will remain confidential. Please contact the MH-MA admissions office with any questions. Thank you for your assistance.

Name: _____ Title/Position:_____

School: _____

Relationship to the student:_____

1. How long have you known the student and in what capacity?_____

   _____

2. Does the student have any problems or special needs of which we should be aware?

   _____

Check any words that describe the student's general make-up. Use open boxes for own words.

	Persevering		Jealous		Irritable
	Friendly		Talented		Anxious
	Patient		Self-confident		Nervous
	Stubborn		Quick tempered		Easily exhausted
	Capable		Cynical		Unhappy
	Tolerant		Tactful		Periods of gloom or depression
	Calm		Conscientious		Frequent day-dreaming
	Impetuous		Cheerful		Poor health
	Pessimistic		Submissive		
	Bashful		Excited		

	Outstanding	Above Average	Average	Below Average	Don't Know
Relationship with peers					
Relationship with siblings					
Relationships with parents					
Respect for adults					
Maturity					
Concern for others					
Self-confidence					
Imagination					
Dependability					
Exercises good judgment					
Oral communication					
Motivation					
Self-esteem appearance					
Leadership ability					
Cooperation					
Sociability					
Intellectual ability					
Attendance					
Extracurricular activities					

I recommend this student be admitted to Maur Hill – Mount Academy:

Enthusiastically: _____ Confidently:_____ With Reservation: _____ Do Not: _____

Please feel free to write any additional comments pertaining to this student. _____

_____

_____

_____

Signature:_____ Date:_____

Thank you for your time and consideration in this matter. Please submit this form to the Admissions office at Maur Hill - Mount Academy.

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Maur Hill - Mount Academy c/o Admissions Office 1000 Green St. Atchison, KS 66002	MH-MA Admissions Office Fax #: 913-367-5096

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Parent(s):_____ Phone:_____

The student/family will give this form to the teacher of their choice to be filled out. The teacher will submit this form to the admissions office or return it to a student in a sealed envelope to be submitted. **Teacher completes the rest of the form.**

Person Completing Form

The above named applicant has applied to Maur Hill - Mount Academy and has given your name as a personal reference. Please indicate your opinions of this student in respect to any of the following areas in which you feel qualified to judge from your observation, records, and personal experience. Your communications will remain confidential. Please contact the MH-MA admissions office with any questions. Thank you for your assistance.

Name: _____ Title/Position:_____

School: _____

Relationship to the student:_____

1. How long have you known the student and in what capacity?_____

   _____

2. Does the student have any problems or special needs of which we should be aware?

   _____

Check any words that describe the student's general make-up. Use open boxes for own words.

	Persevering		Jealous		Irritable
	Friendly		Talented		Anxious
	Patient		Self-confident		Nervous
	Stubborn		Quick tempered		Easily exhausted
	Capable		Cynical		Unhappy
	Tolerant		Tactful		Periods of gloom or depression
	Calm		Conscientious		Frequent day-dreaming
	Impetuous		Cheerful		Poor health
	Pessimistic		Submissive		
	Bashful		Excited		

	Outstanding	Above Average	Average	Below Average	Don't Know
Relationship with peers					
Relationship with siblings					
Relationships with parents					
Respect for adults					
Maturity					
Concern for others					
Self-confidence					
Imagination					
Dependability					
Exercises good judgment					
Oral communication					
Motivation					
Self-esteem appearance					
Leadership ability					
Cooperation					
Sociability					
Intellectual ability					
Attendance					
Extracurricular activities					

I recommend this student be admitted to Maur Hill – Mount Academy:

Enthusiastically: _____ Confidently:_____ With Reservation: _____ Do Not: _____

Please feel free to write any additional comments pertaining to this student. _____

_____

_____

_____

Signature:_____ Date:_____

Thank you for your time and consideration in this matter. Please submit this form to the Admissions office at Maur Hill - Mount Academy.

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School Counselor Recommendation Form
Counselor, Principal, or other School Administer as determined by individual school

Student Information

Name: _____ Applying for grade:_____

Parent(s):_____ Phone:_____

Please submit this form to appropriate person at your school.

School Counselor
The above named student has applied to Maur Hill - Mount Academy. Please indicate your opinions of this applicant in respect to any of the following areas in which you feel qualified to judge from your observation, records, and personal experience. Your communications will remain confidential. Please contact the MH-MA admissions office with any questions. Thank you for your assistance.

School Name: _____

Name: _____ Title/Position:_____

Relationship to the student:_____

What are the first words that come to mind to describe this student?_____

_____

	Outstanding	Above Average	Average	Below Average	Don't Know
Relationship with peers					
Relationships with parents					
Respect for authority					
Maturity					
Concern for others					
Self-confidence					
Dependability					
Exercises good judgment					
Self-esteem appearance					
Leadership ability					
Cooperation					
Intellectual ability					
Attendance					
Extracurricular activities					

	Yes	No
Is the student in good standing and eligible to reenter your school if you offer the next grade level?		
Has there been any discipline issues or action taken with the student?		
Has the candidate been involved with alcohol or drugs?		
Does the candidate have any physical or emotional limitations?		
Are the parents cooperative?		

How would you compare this student to others you have observed in similar circumstances?

- ❑ Outstanding
- ❑ Excellent
- ❑ Above Average
- ❑ Good
- ❑ Fair
- ❑ Below Average

I recommend this student be admitted to Maur Hill – Mount Academy:

Enthusiastically: _____ Confidently:_____ With Reservation: _____ Do Not: _____

Please feel free to write any additional comments pertaining to this student. _____

_____

_____

_____

Signature:_____ Date:_____

Thank you for your time and consideration in this matter. Please forward this form to the Admissions office at Maur Hill - Mount Academy.

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