



**NEW LIFE
ACADEMY**
— ST LOUIS —

School Recommendation

Parent: Please complete this box only and submit with your child's application

Applicant's Name: _____ Grade Applying For _____

Parent's Signature _____

BELOW THIS LINE IS TO BE COMPLETED BY THE APPLICANT'S CLASSROOM TEACHER, COUNSELOR, OR PRINCIPAL

The applicant named above, having applied for admission to New Life Academy – St Louis, is required to this form on file before admission can be considered.

How long have you known the applicant? _____ In what context? _____

Please evaluate the applicant by checking the most appropriate heading.

	Below Average	Average	Above Average	Excellent Top 15%	Outstanding Top 5%
Conduct					
Concern for Others					
Relations with Peers					
Emotional Maturity					
Self Confidence					
Honesty					
Academic Motivation					
Ability to work in a group					
Ability to work independently					
Academic creativity					
Academic self-discipline					
Growth potential					

Other comments:

Student Name: _____

I recommend this applicant for admission:

Academic Achievement - Without reservation With reservation Do not recommend

Character and Personal Qualities - Without reservation With reservation Do not recommend

Signed: _____ Date: _____

Print Name: _____ Position: _____

Email Address: _____

Please return this to:

New Life Academy- St Louis
11570 Mark Twain Lane
Bridgeton, MO 63044

Fax: 314-274-2309

Email: admin@newlifeschool.com