



Name of Applicant: _____

Address: _____

Telephone Number: _____ Grade applied to: _____

_____ has applied for admission to LaGrange Academy. To help in our admission process, we require that two evaluations of the student be submitted before the application for admission can be acted upon. Your help in this process will be greatly appreciated. **This form is to be completed by current teachers, guidance counselors, principal, etc. that are aware of the students academic abilities or progress. All the information on this form will be kept strictly confidential and used only in our admission process.**

LaGrange Academy's program is designed to provide students of average and above average academic ability, who are willing and able to do good work, with an educational experience designed to produce individuals with a balance of intellectual, physical, and moral concepts. Our goal is to educate young people of today to become the leaders of tomorrow with the abilities to meet the ever-changing challenges which they will face in the years to come. The active support and participation of the parents in this program is an important aspect of the educational program at LaGrange Academy.

With the above statement in mind, please give us your candid response to the following items by circling the number which you feel most closely describes the candidate or the student.

	(1) Poor			(5) Average			(9) Excellent		
Academic Ability	1	2	3	4	5	6	7	8	9
Behavior	1	2	3	4	5	6	7	8	9
Self Discipline	1	2	3	4	5	6	7	8	9
Industriousness	1	2	3	4	5	6	7	8	9
Parental Interaction	1	2	3	4	5	6	7	8	9

Please check the statement below which best reflects your assessment of the advisability of the candidate's attending LaGrange Academy.

_____ Should be an outstanding addition

_____ May have some problems, but do recommend

_____ Should do well

_____ Do not recommend

_____ Prefer not to make judgment

We also urge you to write any additional comments that you think might help in an admissions decision on the back of this form.

Signed: _____ Date: _____ Relationship to candidate: _____

**Please return form to: Attention: Admissions
LaGrange Academy
1501 Vernon Road
LaGrange, GA 30240**