



## Administrative Recommendation for

(to be completed by principal or head of school)

\_\_\_\_\_  
(student's name and current grade)

The above named student has applied for admission to Lynnhaven Academy. We would appreciate you completing this form and returning it to us. This information will be invaluable as we decide if Lynnhaven Academy is a good match for this student. Your remarks will be kept confidential and will be viewed only by admission and administrative personnel. Thank you for your cooperation and your perspective as we proceed in the admission process.

**What is your relationship?**

(E.g. guidance counselor)

**How long have you known him/her?**

(Months/years)

**Please check the appropriate answer and provide explanations if you check "Yes" to any of the following:**

✓ Are there any special strengths or talents that this student contributes to your school?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

✓ Are there any special circumstances or problems of which we should be aware?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

✓ Has the student ever been involved in a serious infraction of school rules?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

✓ Have any specific learning differences been noted? If so, have any modifications been made to the student's academic program to help him/her cope with learning differences?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

✓ Has any outside testing been administered in the last two years?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

✓ Have the parents had a positive relationship with the school?  Yes  No

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**Please indicate the family's relationship with the school in the following areas:**

Cooperation with school regulations	<input type="checkbox"/> Always	<input type="checkbox"/> Usually	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
Cooperation with faculty/administration	<input type="checkbox"/> Always	<input type="checkbox"/> Usually	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
Communication with school	<input type="checkbox"/> Always	<input type="checkbox"/> Usually	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
Participation in school community	<input type="checkbox"/> Always	<input type="checkbox"/> Usually	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
Fulfillment of financial responsibilities	<input type="checkbox"/> Always	<input type="checkbox"/> Usually	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
Involvement in student's education	<input type="checkbox"/> Always	<input type="checkbox"/> Usually	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
Parental expectations for student	<input type="checkbox"/> Realistic	<input type="checkbox"/> Unrealistic	<input type="checkbox"/> Unknown	

I recommend this student:  Enthusiastically  Strongly  With reservation  Not at all

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and Title (please print) \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_

**Kindly Return to:**

Lynnhaven Academy Office of Admission  
1000 Westover Hills Boulevard  
Richmond, Va 23225  
Phone: 804-750-2300  
Fax: 804-750-2301  
Email: [admission@lynnhavenacademy.org](mailto:admission@lynnhavenacademy.org)

*Thank you for taking the time to complete this form. Please return it to Lynnhaven Academy.*