



THE STONEHAVEN SCHOOL

Letter of Recommendation

Parents: Please complete Section I on two letters of recommendation: one to be completed by the student's most recent teacher and a second by an administrator at the most recent school attended.

If your child is currently homeschooled, please have a Sunday School teacher or co-op teacher complete this form.

SECTION I. TO BE COMPLETED BY A PARENT

Student's Name: _____ Date of Birth _____
(First) (Middle) (Last) mo / day / year

Applying to Grade: _____

I hereby authorize the release of this information to Stonehaven: Yes ___ No ___

I hereby authorize Stonehaven to contact the references below for more information about my child: Yes ___ No ___

Date: _____ Signature of Parent or Guardian: _____

SECTION II. TO BE COMPLETED BY AUTHORIZED STAFF PERSONS AT THE SCHOOL WHERE THE STUDENT IS CURRENTLY (OR MOST RECENTLY) ENROLLED.

Name: _____ Position: _____

Name of School: _____

Address: _____
(Street/PO Box) (City) (State) (Zip)

Telephone: (_____) _____

Principal's Name: _____

In what capacity and for how long have you known the applicant? _____

Please indicate your ratings by numbers in the right-hand column. Use a question mark where you have insufficient evidence. *Your candid estimate of the applicant will be of invaluable assistance to the admissions process at Stonehaven. Your comments will be held in strict confidence.*

Confidential Administrator/Teacher Recommendation

	1	2	3	4	5	Ratings
<i>Academic Potential</i>	Exceptionally Promising Student	Generally Strong Student	Average Student, Capable of Satisfactory Work	Below Average: <input type="checkbox"/> Marginal Ability <input type="checkbox"/> Lacks Motivation	Questionable Candidate	
<i>Personal Qualities</i>	Outstanding – Leads and Participates	Generally Strong	Average	Below Average, Immature	Very Immature for Age	
<i>Emotional Stability</i>	Exceptionally Stable	Well Balanced	Generally Well Balanced	<input type="checkbox"/> Excitable <input type="checkbox"/> Unresponsive <input type="checkbox"/> Distractible	<input type="checkbox"/> Hyper-emotional <input type="checkbox"/> Apathetic	
<i>Summary</i>	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR	

1. Please comment on the applicant's overall attitude toward school and learning: _____

2. To your knowledge, has the applicant had any history of involvement with drugs, alcohol, or juvenile delinquency? Yes No If yes, please explain: _____

3. Has the applicant ever been suspended or expelled? Yes No If yes, please explain: _____

4. To your knowledge, does the applicant have any history of behavior problems? Yes No
If yes, please explain: _____

5. Does the candidate have any history of learning differences or has he/she required any special help to meet academic requirements? Yes No If yes, please explain: _____

6. Have you found the child's parents to be cooperative, involved, and supportive in the child's education? _____

7. Additional comments, if needed: _____

Teacher's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

**Please send this form to The Stonehaven School, 1480 Joyner Avenue, Marietta, GA 30060
OR Email the form to admissions@stonehavenschool.org.
If you have any questions, please call 770-874-8885.**

Thank you for completing this letter of recommendation!

The Stonehaven School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, financial assistance and loan programs, athletic programs, and other school administered programs and activities.