



NORTHERN OHIO
N. A. A.
 Show Nurture Teach Empower
ADVENTIST ACADEMY
Student Recommendation Form

Recommendation for Admission (Grades 6-12)

_____ has applied for admission to Northern Ohio Adventist Academy and has requested that you provide a recommendation for admission. Your answers to the following questions will aid school personnel in guiding the applicant. Using a scale of 1-10 (with 10 being the best), please indicate the applicant’s behavior and attitude as regards these characteristics. If you have no opportunity to observe the student with respect to a given characteristic, please place a check mark in the space under ‘not known’. Your response will be held in confidence.

Northern Ohio Adventist Academy is a Christian K-12 school operated by the Seventh-day Adventist Church but serves students of all religious faiths. Fully accredited by the North American Division of the Seventh-day Adventist Church and the State of Ohio, it is a school with high academic standards. Most of its students continue their education at the college/university level.

<i>On a scale of 1-10, with 10 being the best</i>	Rate (1-10)	Not known
Reliability		
Integrity		
Courtesy and tact		
Personal appearance and neatness		
Academic motivation		
Influence on other students		
Emotional stability		
Spiritual commitment		
Leadership		
Sociability and friendliness		
Attitude toward authority		
Intellectual ability		

To your knowledge, has the applicant used any of the following during the past year?

Alcohol YES NO UNKNOWN

Tobacco YES NO UNKNOWN

Illegal Drugs YES NO UNKNOWN

Please note any disciplinary action, censure, expulsion, arrest or probation in the space provided: _____

Recommendation: In consideration of the above evaluation, would you recommend this applicant as a student at Northern Ohio Adventist Academy? (please indicate most appropriate response below)

Highly recommend Recommend Recommend with reservations Not recommended

Your Name: _____

Title: _____

Home phone (____)____-____ Cell phone(____)____-____ Work phone (____)____-____

Street Address: _____

City: _____ State: _____ Zip: _____

Please return this recommendation for admission to Northern Ohio Adventist Academy as soon as possible in the enclosed envelope. Final acceptance for the applicant cannot be completed until the recommendations have been received. Thank you!

_____ Date: _____