

Sunnydale Adventist Academy

6818 Audrain Road 9139, Centralia, MO 65240-9401 ♦ (573) 682-2164 ♦ Fax: (573) 682-3136

Web Site: www.sunnydale.org

E-mail Address: info@sunnydale.org

Recommendation Form

The confidential recommendation below is for (Applicant's Name):

What is your relationship to the applicant?

How well do you know this applicant? Well Some Little Records Only

How long have you known the applicant?

Please check the adjectives that most nearly describe the applicant's standing in the areas listed below:

Health

Vigorous Health
Good, Average Health
Weak, Often Sick

Social Relationships

Chooses Friends With High Standards
Usually Chooses Companions Wisely
Makes Poor Friend Choices

Intellectual Aptitude

Learns Easily
Must Study Hard To Learn
Slow To Learn, Educational Disabilities

Personal Appearance

Neat, Clean, Well Groomed
Careless, Little Attention To Appearance
Unkempt, Poor Personal Hygiene

Industry

Works Willingly, Ambitious
Average Worker
Lazy, Works Only Under Pressure

Spiritual Interest

Actively Participates
Passive, Disinterested
Antagonistic, Negative

Influence Upon Associates

Helpful
Passive
Detrimental

Cooperation

Works Well With Others
Generally Cooperative
Critical, Refuses To Work With Others

Strength Of Character

Firm, Steady, Consistent
Fairly Stable
Weak, Easily Influenced

Integrity

Consistently Trustworthy
Generally Trustworthy
Frequently Dishonest

Emotional

Good Self-Control
Occasional Mood Swings
Emotionally Unstable

Attitude Toward Leadership

Cooperative, Loyal
Satisfactory
Rebellious, Subversive

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

Alcoholic Beverages?	Yes	No	Don't Know	Tobacco?	Yes	No	Don't Know
Marijuana?	Yes	No	Don't Know	Other Illegal Drugs?	Yes	No	Don't Know

Please note any disciplinary action, censure, suspension, expulsion, arrest, or probation:

Would you recommend the applicant as a desirable student for Sunnydale? Yes No With Reservation

Would you feel comfortable with this individual rooming with your son or daughter? Yes No

Remarks

Your Name _____

Position _____

Signature _____ Date _____ Phone # _____

This document will be destroyed upon completion of the application process.

Please fold tape or staples along this edge for mailing

Name: _____

Address: _____

City, State, Zip: _____

Place
Stamp
Here

Sunnydale Adventist Academy

Admissions

6818 Audrain Road 9139

Centralia, MO 65240-9401