School Counselor or Teacher Recommendation Form

Student Applicant Directions: Please provide this form to your school counselor or a current teacher who knows you well and ask them to return the completed form directly to Church Hill Academy Admissions (contact info below).

Thank you for completing this recommendation. Your information offers Academy staff greater insight into this student’s academic standing and character traits. This information is confidential and will not be shared with the applicant. For more information about Church Hill Academy, please visit www.churchhillacademy.org.

1. Name of Student Applicant: _______________________________________________________________________________________________

2. How many years have you known the applicant? ________________

3. What are the first words that come to your mind to describe this student? ______________________________________________________________________________________________________________________________________

4. Please provide comments that will help us differentiate this student from others, including but not limited to the applicant's academic, extracurricular, and personal characteristics. Attach additional pages as needed.
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

Has the applicant been found responsible for a disciplinary violation at your school whether academic or behavioral, which resulted in the applicant’s suspension, removal, or dismissal from your school?

☐ Yes ☐ No

If yes, please explain:
____________________________________________________________________________________________________________________________________

Please rate this student as compared to other students in his or her class by checking the appropriate box.

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<th>Above Average</th>
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<tr>
<td>Academic Achievements</td>
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<td>Extracurricular Accomplishments</td>
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<td>Personal Qualities and Character</td>
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Your Name: ___________________________ Title/Position: ___________________________

Email Address: ___________________________ Contact phone number: ___________________________

Your Signature: ______________________________________________________________________

Please return this form to Karen Holland either by fax 804.222.8780, scan and send by email to karen.holland@churchhillacademy.org, or by mail to Church Hill Academy, ATTN: New Student Recommendation Form, 2010 Carlisle Avenue, Richmond, VA 23231.

Updated 2/2021