



ACADEMIC RECOMMENDATION FORMS

As part of the application process, students who apply to **Bakersfield Adventist Academy** will need **three (3) adults to recommend him/her to our school**. These recommendations should come from adults who know your student well. This can include coaches, pastors, teachers, principals, counselors, or family friends (but should not be a relative of your student).

One form should come from your student's Principal, Vice-Principal or counselor at the school your child last attended or is currently attending.

Second form should be from your student's current or most recent teacher.

Third form may come from any adult who knows your student, is over 21 in age, and is NOT related to your student.

Kindergarten students do not need academic recommendations.

Thank you.

**3333 Bernard Street, Bakersfield, CA 93306
661.871.1591 FAX 661.871.1594**



A Seventh-day Adventist Christian School

ACADEMIC RECOMMENDATION

TO BE COMPLETED BY
Principal, Vice Principal or Counselor

Student (Name) _____

The above named student has applied to Bakersfield Adventist Academy and we are asking for your help. Please evaluate and recommend this student in terms of his/her acceptability to a Seventh-day Adventist school. Our Admissions Committee welcomes your suggestions and comments in guiding them in their selection of possible students.

Once you have completed this form to the best of your knowledge, PLEASE RETURN THIS FORM TO B.A.A. by mail or FAX. Thank you.

RATING THE STUDENT'S CHARACTERISTICS

Please use a 1 – 10 scale in rating what you believe to be the student's characteristics. One (1) would be the least undesirable rating and ten (10) would be the most desirable rating.

<u>Characteristic</u>	<u>Number Rating 1-10</u>	<u>Characteristic</u>	<u>Number Rating 1-10</u>
Honesty	_____	Attitude Toward Religion	_____
Choice of Associates	_____	Academic Motivation	_____
Influence of Associates	_____	Attitude To Authority	_____
Responsibility	_____	Emotional Stability	_____

Please check ONE box below: (May also add comments)

- I recommend this student for acceptance WITHOUT reservation
- I recommend this student for acceptance WITH reservation
- I cannot recommend this student for acceptance at this time

YOUR COMMENTS ARE APPRECIATED:

Approximately how long have you known this student? _____

What is your relationship with this student? _____

Please Print Your Name _____

Thank you so much for taking your valuable time to evaluate this student. Please do not return this form to the parent or student. **Please return this form to BAA by FAX or by mail.**

FAX (661) 871-1594 or Mail to: 3333 Bernard Street, Bakersfield, CA 93306



ACADEMIC RECOMMENDATION

TO BE COMPLETED BY
Current or most recent teacher

A Seventh-day Adventist Christian School

Student (Name) _____

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Choice of Associates	_____	Academic Motivation	_____
Influence of Associates	_____	Attitude To Authority	_____
Responsibility	_____	Emotional Stability	_____

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A Seventh-day Adventist Christian School

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TO BE COMPLETED BY
An adult, over 21 in age,
not related to the student

Student (Name) _____

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Influence of Associates	_____	Attitude To Authority	_____
Responsibility	_____	Emotional Stability	_____

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