

# Recommendation Form

Principal / Counselor / Teacher

Randolph-Macon Academy

THE POWER OF RISE

||| ADMISSIONS OFFICE

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**This section to be completed by the student and parents:**

Student's Name: \_\_\_\_\_  
  Last  First  Middle

I waive my right to read the confidential recommendation for the student listed above.

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

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*The student named above has applied for admission to Randolph-Macon Academy. Please complete this form using your professional judgment. The information will be strictly confidential.*

1. Please comment on the candidate's attitude toward school.
  
  
  
  
  
  
  
  
  
  
2. What is your candid estimation of the student's character?
  
  
  
  
  
  
  
  
  
  
3. Please provide any additional feedback regarding the student's conduct or any other information that you feel would be helpful to our school.



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Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_

How long have you know the student? \_\_\_\_\_

Email address of Recommender \_\_\_\_\_

Phone Number of Recommender \_\_\_\_\_

