



MISSOURI MILITARY ACADEMY

204 N. Grand Street, Mexico, MO 65265 • Ph. 573.581.1776 • Fax 573.581.0081 • info@missourimilitaryacademy.org

School Administrator/School Counselor Recommendation Form

Parents: Please submit this form to your son's principal or counselor and have them forward it directly to MMA via fax or mail.

Applicant's Full Name: _____ has made application for admission to Missouri Military Academy. Your candid assessment of his ability and promise will help the Admissions Committee render a decision about a possible acceptance. Your evaluation will be kept in confidence.

1. Is the applicant currently enrolled in your school? YES NO
2. Is the applicant eligible to re-enroll in your school next term? YES NO
If no, please explain. _____

3. Is the applicant currently enrolled in any special education program? YES NO
If yes, what kind? _____
If yes, please furnish MMA with a copy of the most recent IEP.
4. Has the applicant ever been dismissed, expelled or requested to withdraw for any reason? YES NO
If yes, please give date(s) and state the nature of the action taken and describe the circumstances relating to the action.

5. Have there been any episodes of violence at school initiated by the applicant? YES NO
If yes, please describe the circumstances. _____

6. Has the applicant ever been required to attend an alternative school program within your district? YES NO
If yes, please describe the circumstances. _____

7. Has the applicant been tested, diagnosed and identified as having a learning disability? YES NO
If yes, what is the nature or diagnosis of his learning disability? _____

8. Has the applicant been tested, diagnosed and identified as having a behavior disorder? YES NO
If yes, what is the nature or diagnosis of his behavior disorder? _____

9. Is the applicant a boy that you would be comfortable with as a roommate for your son? YES NO
 If no, please explain.

10. How do you recommend this applicant for admission to Missouri Military Academy?

	ENTHUSIASTICALLY	WITH CONFIDENCE	ACCEPTABLE	DOUBTFULLY	NOT RECOMMENDED
As a student					
As a person					

I have known the applicant for _____ Years _____ Months Today's Date: _____

Your Name: _____ Professional Title: _____

Signature: _____ Daytime Phone: () _____

School Name: _____

Mailing Address: _____

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the candidate's application. All information you provide will be held in confidence and only disclosed to members of the Admissions Committee or others considered necessary by the Director of Admissions.

Please return this form to:
Office of Admissions
Missouri Military Academy
204 Grand Street
Mexico, MO 65265
USA

Phone 573.581.1776
Fax 573.581.0081