



# SCHOOL ADMINISTRATOR SCHOOL COUNSELOR RECOMMENDATION

Parent or Guardian: Please submit this form to your son’s principal or counselor and have them forward it directly to MMA via fax 573.581.0081, or electronically to [info@missourimilitaryacademy.org](mailto:info@missourimilitaryacademy.org), or by regular mail to the address on page 2.

APPLICANT INFORMATION			
First Name	Middle Name	Surname or Family Name	Birthdate (MM/DD/YYYY)

Dear School Administrator or Counselor:

The student listed above 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 or most recently enrolled in your school?	YES <input type="checkbox"/> NO <input type="checkbox"/>
--	---

2. Is the applicant eligible to return or re-enroll in your school next term? If “NO”, please explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>

3. Is the applicant enrolled in any alternative school or special education program? If “YES”, please explain and forward a copy of the most recent IEP.	YES <input type="checkbox"/> NO <input type="checkbox"/>

4. Has the applicant ever been suspended, dismissed, expelled or requested to withdraw from your school for any reason? If “YES”, please provide date(s), describe the circumstances regarding the incident, and state the nature of the action taken.	YES <input type="checkbox"/> NO <input type="checkbox"/>

5. Has the applicant had any episodes of violence at school? If “YES”, please provide date(s) and describe the circumstances	YES <input type="checkbox"/> NO <input type="checkbox"/>

6. Has the applicant ever been tested, diagnosed and identified as having a learning disability? If "YES", what is the nature of his learning disability?	YES <input type="checkbox"/> NO <input type="checkbox"/>

7. Has the applicant ever been tested, diagnosed and identified as having a behavioral disorder? If "YES", what is the nature of his behavioral disorder?	YES <input type="checkbox"/> NO <input type="checkbox"/>


8. If you had a son of the applicant's age, would you be comfortable having your son and the applicant be roommates? If "NO", please explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>

9. How do you recommend the applicant for admission to Missouri Military Academy?					
	Enthusiastically	With Confidence	Acceptable	Doubtfully	Not Recommended
As a person					
As a student					

10. How long have you known or worked with the applicant?	_____ Years _____ Months
---	--------------------------

**Thank you for taking your valuable time to complete this recommendation. 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.**

Your Name		Professional Title		Telephone
Name of School		Mailing Address: # and Street		
City	Country	Zip or Postal Code		

 Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to:  
**Office of Admissions**  
**Missouri Military Academy**  
**204 Grand Street**  
**Mexico, MO 65265 USA**  
[info@missourimilitaryacademy.org](mailto:info@missourimilitaryacademy.org)  
**Phone 573.581.1776 x 323**  
**Fax 573.581.0081**