



614 SOUTH MAIN STREET, WOODSTOCK, VA 22664  
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 admissions@militaryschool.com

## OTHER TEACHER'S RECOMMENDATION

**Student-Applicant's Name (printed):** \_\_\_\_\_

*Instructions to the Applicant:* Please present this form to any other teacher of the student and ask that it be completed and returned to MMA at the address or fax number above. Questions: call MMA Admissions at the toll-free number above.

**Parent's Authorization:** *As parent/guardian of the above-named student, I request and authorize the student's teacher to provide the requested information to Massanutten Academy and to discuss the student's conduct, attributes, and academic performance with MMA staff members as needed to ensure an appropriate enrollment decision.*

\_\_\_\_\_  
 Parent/Guardian's Name (printed)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Request to Teacher:** The information you provide will help assess the student's potential for success in MMA's structured, military-styled learning environment. Please contact the Admissions Office if you have questions about MMA programs and expectations. Together, we serve students best by ensuring a proper school fit. Thank you for your time and assistance.

Please provide an evaluation of the student in the following areas.

4 = Excellent

2 = Average

0 = Unsatisfactory

3 = Above Average

1 = Below Average

n/a = not applicable, no basis for opinion

Positive leadership	
Honesty, integrity	
Emotional stability, maturity	
Respect for authority	
Ability to stay focused, on task	
Ability to accept correction	
Ability to work independently	
Ability to work with others	

Intellectual curiosity	
Creativity	
Organization	
Reading comprehension	
Verbal expressiveness	
Writing/composition skill	
Desire to pursue own interests	
Classroom behavior, generally	

Please offer additional comments regarding the student's capabilities and attributes (attached, or on reverse side).

Name of Person Completing Form		School	
Email address	Phone #	Courses you taught this student:	School year(s):

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