



P.O. Drawer J / 17 Hwy 531  
Bay Springs, MS 39422  
601-764-2157 or 601-764-6755 (fax)  
www.sylvabayacademy.com

## ADMISSIONS REFERENCE FORM

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

I, the parent/guardian of \_\_\_\_\_, hereby give my permission for an administrative level school official (head of school or counselor) to truthfully complete this Admissions Reference Form and return it **confidentially** to the Headmaster of Sylva Bay Academy at the address, email, or fax listed above.

\_\_\_\_\_  
*Parent/Guardian name printed*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

### To the administrative-level school official: In your opinion,

1. Does this student have the self-motivation and responsibility to do satisfactory work at school?

Yes No Comments \_\_\_\_\_

2. Does this student experience difficulty in learning or have an identified learning disability?

Yes No Comments \_\_\_\_\_

3. Does this student have any physical or emotional situations that require special attention?

Yes No Comments \_\_\_\_\_

4. Is this student's attendance at school within an acceptable range?

Yes No Comments \_\_\_\_\_

5. Is the conduct of this student generally within school guidelines and standards?

Yes No Comments \_\_\_\_\_

6. Has this student been suspended or expelled from your school?

Yes No Comments \_\_\_\_\_

7. To the best of our knowledge, has this student ever been arrested?

Yes No Comments \_\_\_\_\_

8. To the best of your knowledge, has this student ever had any drug or alcohol problems?

Yes No Comments \_\_\_\_\_

9. Is this student eligible to return to your school next year?

Yes No Comments \_\_\_\_\_

10. Overall Recommendation:

Highly Recommend     Recommend     Recommend with Reservations     Cannot Recommend

\_\_\_\_\_  
*School Official's Name Printed*

\_\_\_\_\_  
*Position Title*

\_\_\_\_\_  
*School Official's Signature*

\_\_\_\_\_  
*School Name*