



For applicants to First Grade Teacher Recommendation

The student below has applied to Grace Lutheran School. Your recommendation is a valuable tool in our evaluation and selection process. Your comments are, of course, confidential and will be used for admission purposes only. Recommendations do not become part of the student's permanent record. **The applicant's file will not be complete without the return of this form. Thank you for your prompt response.**

Name of Applicant: _____	Date: _____		
Your Name: _____	Position: _____		
School: _____			
School Address: _____			
Street	City	State	Zip
School Phone: (____) _____	Grade in which applicant is enrolled: _____		

How long have you known the applicant?

What are the first three words that come to mind to describe this student?

Please describe the student's history of attendance in your class.

Are the parents supportive of your school and school policies? Yes _____ No _____

Please describe:

Please mark the appropriate response:

	Truly Outstanding	Excellent	Good	Average	Below Average	No Basis For Judgment
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately to frustration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you consider the candidate extraordinarily strong or extraordinarily weak in any of the above areas, please elaborate. _____

How would you describe the applicant's current performance?

Below grade level _____ On grade level _____ Above grade level _____

In Summary:

Please indicate the strength of your recommendation by checking the appropriate response.

- I recommend this student:
 Enthusiastically _____ Strongly _____ Comfortably _____ With reservations _____
- I do not recommend this student: _____

Explanation:

Your observations and remarks are most helpful as we evaluate each candidate. The Admission Committee appreciates your contribution to the admission process.

Please mail or fax this form directly to:

Admission Office | Grace Lutheran School
 320 Bates Ave SE | Winter Haven, FL 33880
 Phone: (863) 293-9744 | Fax: (863) 595-0106 | school.glwh.org



For applicants to grades 2-5

Teacher Recommendation

The student below has applied to Grace Lutheran School. Your recommendation is a valuable tool in our evaluation and selection process. Your comments are, of course, confidential and will be used for admission purposes only. Recommendations do not become part of the student's permanent record. **The applicant's file will not be complete without the return of this form. Thank you for your prompt response.**

Name of Applicant: _____	Date: _____		
Your Name: _____	Position: _____		
School: _____			
School Address: _____			
Street	City	State	Zip
School Phone: (____) _____	Grade in which applicant is enrolled: _____		

How long have you known the applicant?

What are the first three words that come to mind to describe this student?

Please describe the student's history of attendance in your class.

Are the parents supportive of your school and school policies? Yes _____ No _____

Please describe:

Please mark the appropriate response:

	Truly Outstanding	Excellent	Good	Average	Below Average	No Basis For Judgment
ACADEMIC EVALUATION						
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/ Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL EVALUATION						
Classroom conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you consider the candidate extraordinarily strong or extraordinarily weak in any of the above areas, please elaborate. _____

How would you describe the applicant's current performance?
 Below grade level _____ On grade level _____ Above grade level _____

In Summary:

Please indicate the strength of your recommendation by checking the appropriate response.

- I recommend this student:
 Enthusiastically _____ Strongly _____ Comfortably _____ With reservations _____
- I do not recommend this student: _____

Explanation:

Your observations and remarks are most helpful as we evaluate each candidate. The Admission Committee appreciates your contribution to the admission process.

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Grace Lutheran School Applicant Questionnaire (Grades 6-8)

To the applicant: Please answer these questions in your own handwriting. Be thorough in your responses. Thank you for returning this form to Grace Lutheran along with your application.

Applicant's Name: _____ Current Grade: _____

1. Please describe your current activities, including athletics, music, art, drama and clubs.

2. Please list any leadership positions, awards or special honors you have received in the last two years.

3. What is your favorite subject and why?

4. Choose one of the following topics and discuss it in the space provided below. You may also use the back of this page.

Topic 1: What defines a hero? Identify a hero in your life. Describe that hero and any heroic actions

he or she has taken.

Topic 2: Describe a project you are particularly proud of and why. Be specific about how you developed the project and what resources you used.

Topic 3: Define success in your own words. Describe a successful moment in your academic or personal life.



For applicants to grades 1-8
**Principal / Guidance Counselor
Recommendation**

The student below has applied to Grace Lutheran School. Your recommendation is a valuable tool in our evaluation and selection process. Your comments are, of course, confidential and will be used for admission purposes only. Recommendations do not become part of the student's permanent record. **The applicant's file will not be complete without the return of this form. Thank you for your prompt response.**

Name of Applicant: _____	Date: _____		
Your Name: _____	Position: _____		
School: _____			
School Address: _____			
Street	City	State	Zip
School Phone: (____) _____	Grade in which applicant is enrolled: _____		

How long have you known the applicant?

Please describe the applicant's history of attendance in your school.

Has the applicant received any special educational services? If so, please explain.

Has the applicant had any disciplinary problems? If so, please explain.

Please mark the appropriate response:

	Truly Outstanding	Excellent	Good	Average	Below Average	No Basis For Judgment
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you consider the candidate extraordinarily strong or extraordinarily weak in any of the above areas, please elaborate. _____

How would you describe the applicant's current performance?

Below grade level _____ On grade level _____ Above grade level _____

In Summary:

Please indicate the strength of your recommendation by checking the appropriate response.

- I recommend this student:
Enthusiastically _____ Strongly _____ Comfortably _____ With reservations _____
- I do not recommend this student: _____

Explanation:

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For applicants to grades 6-8
**Math Teacher
Recommendation**

The student below has applied to Grace Lutheran School. Your recommendation is a valuable tool in our evaluation and selection process. Your comments are, of course, confidential and will be used for admission purposes only. Recommendations do not become part of the student's permanent record. **The applicant's file will not be complete without the return of this form. Thank you for your prompt response.**

Name of Applicant: _____	Date: _____		
Your Name: _____	Position: _____		
School: _____			
School Address: _____			
Street	City	State	Zip
School Phone: (____) _____	Grade in which applicant is enrolled: _____		

How long have you known the applicant?

What are the first three words that come to mind to describe this student?

Please describe the student's history of attendance in your class.

Are the parents supportive of your school and school policies? Yes _____ No _____

Please describe:

Please mark the appropriate response:

	Truly Outstanding	Excellent	Good	Average	Below Average	No Basis For Judgment
ACADEMIC EVALUATION						
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/ Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL EVALUATION						
Classroom conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you consider the candidate extraordinarily strong or extraordinarily weak in any of the above areas, please elaborate. _____

How would you describe the applicant's current performance?

Below grade level _____ On grade level _____ Above grade level _____

In Summary:

Please indicate the strength of your recommendation by checking the appropriate response.

- I recommend this student:
 Enthusiastically _____ Strongly _____ Comfortably _____ With reservations _____
- I do not recommend this student: _____

Explanation:

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For applicants to grades 6-8
**English Teacher
Recommendation**

The student below has applied to Grace Lutheran School. Your recommendation is a valuable tool in our evaluation and selection process. Your comments are, of course, confidential and will be used for admission purposes only. Recommendations do not become part of the student's permanent record. **The applicant's file will not be complete without the return of this form. Thank you for your prompt response.**

Name of Applicant: _____	Date: _____		
Your Name: _____	Position: _____		
School: _____			
School Address: _____			
Street	City	State	Zip
School Phone: (____) _____	Grade in which applicant is enrolled: _____		

How long have you known the applicant?

What are the first three words that come to mind to describe this student?

Please describe the student's history of attendance in your class.

Are the parents supportive of your school and school policies? Yes ____ No ____

Please describe:

Please mark the appropriate response:

	Truly Outstanding	Excellent	Good	Average	Below Average	No Basis For Judgment
ACADEMIC EVALUATION						
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/ Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL EVALUATION						
Classroom conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you consider the candidate extraordinarily strong or extraordinarily weak in any of the above areas, please elaborate. _____

How would you describe the applicant's current performance?

Below grade level _____ On grade level _____ Above grade level _____

In Summary:

Please indicate the strength of your recommendation by checking the appropriate response.

- I recommend this student:
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- I do not recommend this student: _____

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Permission to Release Records to Grace Lutheran School

PARENTS: Please complete this form and send it directly to the Registrar or Guidance Counselor at your child's current school.

Dear Registrar,

My child named below is an applicant to Grace Lutheran School. I authorize the release of **copies** of my child's academic record to Grace Lutheran. Two years of academic data is sufficient. Please do not send cumulative folders.

The academic record will include:

1. Standardized Tests (Achievement, Aptitude, Intelligence)
2. Academic Performance (Grades for class room performance including year-end grades and the most recent report card)
3. IEP (Individualized Education Plan / 504Plan or other testing results)
4. Doctor's Diagnosis / Psychological Evaluation (If applicable)
5. Discipline/Conduct report for student (If applicable)

Student's Name

Current Grade

Parent's Signature

REGISTRAR: Please send copies of this student's records to:

Admission Office
Grace Lutheran School
320 Bates Ave. S.E.
Winter Haven, FL 33880

