

**Student Recommendation Form**  
**Mount Ellis Academy**  
**Phone (406-587-5178) Fax (406)587-5170**

3641 Bozeman Trail Road, Bozeman, MT 59715 email: [mea@bridgeband.com](mailto:mea@bridgeband.com)

\_\_\_\_\_ has applied for admission to Mt. Ellis Academy and has given your name as a reference. Your answers to the following questions will greatly aid us in considering the applicant. Upon completion of this form, fold it where indicated, tape it and place it in the mail. The information you supply is strictly confidential. This form will be destroyed when a final decision is made regarding the admission of the student.

Check the appropriate box to the right.	Excellent	Above average	Average	Below Average	Poor	Not enough information
Character and Integrity						
Ability to get along with others						
Personal appearance						
Attitude toward authority						
Positive influence on other students						
Intellectual ability						
Emotional stability						
Home environment						
Motivation						
Health and vigor						
Level of spiritual commitment						
Willingness to share Christian faith						

Has the applicant, to your knowledge, ever:	Circle		If YES is circled on any item please explain.
	NO	YES	
Used tobacco in any form?			
Used alcoholic beverages?			
Used Illegal drugs of any kind?			
Used profane language frequently?			
Been involved in theft?			
Been arrested, charged with a crime, or been in trouble with juvenile authorities?			

Do the applicant's parents meet financial obligations regularly? \_\_\_ Yes \_\_\_ No  
 If you were responsible for accepting students at Mt. Ellis Academy, how would you vote regarding this applicant?  
 \_\_\_ Without reservation \_\_\_ Accept with reservation \_\_\_ Do not accept

Please share any other information which would be helpful in considering the applicant as a student at Mt. Ellis Academy.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Signed: \_\_\_\_\_ Position \_\_\_\_\_

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

\_\_\_\_\_ Phone: \_\_\_\_\_

FOLD HERE

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Place  
Stamp  
Here

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Registrar  
Mount Ellis Academy  
3641 Bozeman Trail Road  
Bozeman, MT 59715

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