

American Heritage School/American Academy  
12200 W. Broward Blvd.  
Plantation, Florida 33325  
(954) 472-0022

**PRINCIPAL/ADMINISTRATOR RECOMMENDATION FORM**


Name of Applicant: JOSHUA BERNSTEIN Grade: 12

**To the Parent:** Print the above information and give this form to the student's principal/school administrator. Please read and sign the statement below.

*For the student named above, I acknowledge that I waive my right to read the confidential principal/administrator recommendations. I understand that principal/administrator recommendations are to be sent directly to the school, and will not be accepted unless received directly from the school. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to American Heritage/American Academy School.*

*I/We understand that any acceptance of the student will be conditional until the school receives the complete admissions forms, including the teacher and principal/administrator recommendation forms. The School's failure to receive these completed forms may result in student's non-acceptance or dismissal.*

Name of Parent/Guardian (please print): CANDICE BERNSTEIN Phone: 561-886-7627

Signature of Parent/Guardian:  Date: 8-31-14

**To the principal/administrator:** This student is seeking admission to American Heritage/American Academy School. The school curriculum is college preparatory. The inherent features of life in an independent day school requires that all students be of good character and able to live agreeably with their peers.

We would appreciate your observations about the areas listed below and on the back of this form. Please be assured that this information will be held in strict confidence and that it will be used solely for the admissions process. **If you wish to discuss this student personally rather than complete this form please check here, ☐ sign the form and note your telephone number.** The Director of Admissions will contact you.

AREAS	Below Average	Average	Good (Above Average)	Excellent (Top 10%)	Outstanding (Top 5%)	One of the top few I have encountered in my career
ACADEMIC ABILITY						
EXTRACURRICULAR ACTIVITIES						
INTEGRITY						
CONDUCT/ DISCIPLINE RECORD						
PERSONAL OVERALL QUALITIES						
MATURITY/ SELF CONFIDENCE						
LEADERSHIP						
REACTION TO SETBACKS						
RESPECT ACCORDED BY FACULTY						

AREAS	Below Average	Average	Good (Above Average)	Excellent (Top 10%)	Outstanding (Top 5%)	One of the top few I have encountered in my career
CARE AND CONCERN FOR OTHERS						
PARENT COOPERATION						
PARENT VOLUNTEER PARTICIPATION						

1. Has the student ever committed a serious infraction of the school's policies? If so, please explain what happened and when. \_\_\_\_\_

\_\_\_\_\_

2. Has the student ever been placed on probation or suspension? If so, please explain what happened and when. \_\_\_\_\_

\_\_\_\_\_

3. Has the student ever been asked to leave the school or not offered readmission? If so, please explain what happened and when. \_\_\_\_\_

\_\_\_\_\_

4. Is there any reason you would not offer re-enrollment to the student? \_\_\_\_\_

\_\_\_\_\_

5. Did the parent(s) meet their financial commitments in a timely manner? If not, please explain: \_\_\_\_\_

\_\_\_\_\_

6. Are there any other concerns with the parent(s) or student that you believe could impact our decision to accept the student to our school? \_\_\_\_\_

\_\_\_\_\_

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

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Mr./Mrs./Miss/Ms./Dr. \_\_\_\_\_

Name of school: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

**After completion, please mail to Director of Admissions, American Heritage School,  
12200 West Broward Boulevard, Plantation, Florida 33325  
or fax to Attn: Admissions Department 954-472-3088.  
The office phone number is 954-472-0022 x 3442.**

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**PRINCIPAL/ADMINISTRATOR RECOMMENDATION FORM**

Name of Applicant: JACOB BERNSTEIN Grade: 10

**To the Parent:** Print the above information and give this form to the student's principal/school administrator. Please read and sign the statement below.

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Name of Parent/Guardian (please print): CANDICE BERNSTEIN Phone: 561-886-7627

Signature of Parent/Guardian:  Date: 8-31-14

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4. Is there any reason you would not offer re-enrollment to the student?

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5. Did the parent(s) meet their financial commitments in a timely manner? If not, please explain:

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6. Are there any other concerns with the parent(s) or student that you believe could impact our decision to accept the student to our school? \_\_\_\_\_

\_\_\_\_\_

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

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Mr./Mrs./Miss/Ms./Dr. \_\_\_\_\_

Name of school: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

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**PRINCIPAL/ADMINISTRATOR RECOMMENDATION FORM**


Name of Applicant: DANIEL BERNSTEIN Grade: 6

**To the Parent:** Print the above information and give this form to the student's principal/school administrator. Please read and sign the statement below.

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Name of Parent/Guardian (please print): CANDICE BERNSTEIN Phone: 561-886-7627

Signature of Parent/Guardian:  Date: 8-31-14

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EXTRACURRICULAR ACTIVITIES						
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MATURITY/ SELF CONFIDENCE						
LEADERSHIP						
REACTION TO SETBACKS						
RESPECT ACCORDED BY FACULTY						

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CARE AND CONCERN FOR OTHERS						
PARENT COOPERATION						
PARENT VOLUNTEER PARTICIPATION						

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3. Has the student ever been asked to leave the school or not offered readmission? If so, please explain what happened and when. \_\_\_\_\_

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4. Is there any reason you would not offer re-enrollment to the student?

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5. Did the parent(s) meet their financial commitments in a timely manner? If not, please explain:

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6. Are there any other concerns with the parent(s) or student that you believe could impact our decision to accept the student to our school? \_\_\_\_\_

\_\_\_\_\_

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

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Mr./Mrs./Miss/Ms./Dr. \_\_\_\_\_

Name of school: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

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