

SCHOOL RECOMMENDATION FORM

Must be completed by School official
Required as part of Student Application

COMPASS
ACADEMY
NETWORK



Student Name (Last) _____ (First) _____ (Middle) _____

School _____ Current (2020-21) Grade Level _____

MAP/KAP Score Range (State Achievement Test) for most recent testing (if available):

English Proficient Advanced Date of Test _____

Math Proficient Advanced Date of Test _____

Current GPA (Please attach current transcript) _____

Does student qualify for Federal Free or Reduced Lunch Program? Yes No

Does student have required documentation of up-to-date immunization? Yes No

Does student have any disciplinary or other issues that could impact participation
in the Compass Academy summer program? Yes No

If yes, please explain:

Use additional sheet if needed.

I recommend this student Strongly Agree Agree Neutral Disagree Strongly Disagree

Additional Comments

Name of School Representative _____

Title _____

Signature _____ Date / / _____

Return by mail or complete online at www.compassacademynetwork.org/apply

Questions: Contact Lisa Klaver, Joplin Program Coordinator at klaver@compassacademynetwork.org

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