KEY POINT ACADEMY

609 Brickell Ave
Miami, Florida 33131

Tel.: 305-440-5601
Fax: 305-767-7891

info@keypointschools.com
keypointschools.com

To the Parent or Guardian

Name of Student: _____ Grade applying for: _____

Please give to your child's current Principal or Counselor, Language Arts teacher and Mathematics teacher, respectively.

For the name above, I acknowledge that I waive my right to read the confidential letters of recommendation. I understand that these letters are to be sent directly to Key Point Academy by the applicant's current school and may not be hand delivered by the parent.

_____ _____
Parent or Guardian Signature Date

Permission for Release of Records

This form is to be signed by the parent and submitted to the child's current school.

Name of Student: _____ Date of birth: _____
mm/dd/yy

Grade applying for: _____

The following records are to be released to Key Point Academy:
- Transcript of Scholastic Grades and the Marking System Used
- Standardized Test Scores
- Attendance Record
- Diagnostic, Learning or Behavioral Testing Evaluations
- Discipline Reports

These records are to be released to:
Key Point Academy, Admission Office, 609 Brickell Ave, Miami, FL. 33131

Name of school releasing record:

_____
NAME PHONE

_____
ADDRESS CITY STATE ZIP CODE

I hereby grant permission for the release of the above record.
I agree that I will not seek access to materials used during the admission process.

_____ _____
Parent or Guardian Signature Date

Have parents attended parent-teacher conferences, and other school-related events?
☐ Yes ☐ No

Have parents met school financial obligations in a timely manner (private schools only)?
☐ Yes ☐ No

If there is any information you would prefer to discuss by phone, please indicate here.

_____

Thank you for taking your valuable time to complete this evaluation. All information you provide will be held in confidence.

_____
NAME (Please Print) TITLE

_____
SCHOOL PHONE

_____
ADDRESS

_____
CITY STATE ZIP

_____
SIGNATURE DATE

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Letter of Recommendation
To the Teacher - Language Arts

Name of Student: _____Grade applying for: _____

How long have you known this applicant? _____

Your candid assessment of the student will be of invaluable help to the Admission Office and is an integral part of the candidate's application process. On behalf of the student, we thank you in advance for your cooperation.

Please complete and return this form directly to:
Key Point Academy, Admission Office, 609 Brickell Ave, Miami, FL 33131 or
email to: admissions@keypointschools.com

Please evaluate the student in the following areas by placing a check in the appropriate column.

	Excellent	Above Average	Average	Below Average	Not Observed
Ability to Follow Directions	☐	☐	☐	☐	☐
Ability to Work in a Group	☐	☐	☐	☐	☐
Academic Achievement	☐	☐	☐	☐	☐
Academic Potential	☐	☐	☐	☐	☐
Initiative	☐	☐	☐	☐	☐
Leadership	☐	☐	☐	☐	☐
Level of Maturity	☐	☐	☐	☐	☐
Organizational Skills	☐	☐	☐	☐	☐
Participation in Class	☐	☐	☐	☐	☐
Problem Solving Ability	☐	☐	☐	☐	☐
Reaction to Criticism	☐	☐	☐	☐	☐
Respect Accorded by Adults	☐	☐	☐	☐	☐
Responsibility	☐	☐	☐	☐	☐
Self-Confidence	☐	☐	☐	☐	☐
Self-Discipline	☐	☐	☐	☐	☐

	Excellent	Above Average	Average	Below Average	Not Observed
Study Habits	☐	☐	☐	☐	☐
Time Management	☐	☐	☐	☐	☐
Oral Communication	☐	☐	☐	☐	☐
Reading Comprehension	☐	☐	☐	☐	☐
Reading Interest	☐	☐	☐	☐	☐
Written Communication	☐	☐	☐	☐	☐

How would you describe this student? Please indicate three adjectives to describe the applicant.

_____

_____

_____

_____

Texts and programs currently being used _____

_____

In language arts, student is performing ☐ above ☐ at ☐ below grade level.

Does the student receive enrichment, accommodations, or modifications that address individual strengths or weaknesses in language arts? ☐ Yes ☐ No If yes, please explain _____

_____

If there is any information you would prefer to discuss by phone, please indicate here.

_____

_____

Thank you for taking your valuable time to complete this evaluation. All information you provide will remain confidential.

_____

NAME (Please Print) TITLE

_____

SCHOOL PHONE

_____

ADDRESS

_____

CITY STATE ZIP

_____

SIGNATURE DATE

609 Brickell Ave
Miami, Florida 33131

Tel.: 305-440-6801
Fax: 305-767-7891

info@newpointschools.com
www.newpointschools.com

KEY POINT ACADEMY

609 Brickell Ave
Miami, Florida 33131

Tel: 305-440-5801
Fax: 305-767-7891

info@keypointschools.com
keypointschools.com

Letter of Recommendation
To the Principal or Counselor

Name of Student: _____Grade applying for: _____

How long have you known this applicant? _____

Your candid assessment of the student will be of invaluable help to the Admission Office and is an integral part of the candidate's application process. On behalf of the student, we thank you in advance for your cooperation.

Please complete and return this form directly to:
Key Point Academy, Admission Office, 609 Brickell Ave, Miami, FL 33131 or
email to: admissions@keypointschools.com

How would you describe this student? Please indicate any special academic or personal strengths and/or weaknesses.

_____
_____
_____
_____

Has the applicant exhibited any behavioral problems or had disciplinary action taken against him/her? If yes, please describe. ☐ Yes ☐ No

_____
_____
_____
_____

Has the student been involved in acts of dishonesty? ☐ Yes ☐ No If yes, please explain _____
_____

Please evaluate the student in the following areas by placing a check in the appropriate column.

	Excellent	Above Average	Average	Below Average	Not Observed
Academic Ability	☐	☐	☐	☐	☐
Academic Promise	☐	☐	☐	☐	☐
Independent Work	☐	☐	☐	☐	☐
Leadership	☐	☐	☐	☐	☐
Personal Character	☐	☐	☐	☐	☐
Positive Contribution to School Atmosphere	☐	☐	☐	☐	☐
School-Wide Conduct	☐	☐	☐	☐	☐

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Letter of Recommendation
To the Teacher - Math

Name of Student: _____Grade applying for: _____

How long have you known this applicant? _____

Your candid assessment of the student will be of invaluable help to the Admission Office and is an integral part of the candidate's application process. On behalf of the student, we thank you in advance for your cooperation.

Please complete and return this form directly to:
Key Point Academy, Admission Office, 609 Brickell Ave, Miami, FL 33131 or
email to: admissions@keypointschools.com

Please evaluate the student in the following areas by placing a check in the appropriate column.

	Excellent	Above Average	Average	Below Average	Not Observed
Ability to Follow Directions	☐	☐	☐	☐	☐
Ability to Work in a Group	☐	☐	☐	☐	☐
Academic Achievement	☐	☐	☐	☐	☐
Academic Potential	☐	☐	☐	☐	☐
Initiative	☐	☐	☐	☐	☐
Leadership	☐	☐	☐	☐	☐
Level of Maturity	☐	☐	☐	☐	☐
Organizational Skills	☐	☐	☐	☐	☐
Participation in Class	☐	☐	☐	☐	☐
Problem Solving Ability	☐	☐	☐	☐	☐
Reaction to Criticism	☐	☐	☐	☐	☐
Respect Accorded by Adults	☐	☐	☐	☐	☐
Responsibility	☐	☐	☐	☐	☐
Self-Confidence	☐	☐	☐	☐	☐
Self-Discipline	☐	☐	☐	☐	☐

	Excellent	Above Average	Average	Below Average	Not Observed
Study Habits	☐	☐	☐	☐	☐
Time Management	☐	☐	☐	☐	☐
Basic Math Skills	☐	☐	☐	☐	☐
Spatial Reasoning	☐	☐	☐	☐	☐
Word Problem Solving	☐	☐	☐	☐	☐
Willing to Accept Challenges	☐	☐	☐	☐	☐

How would you describe this student? Please indicate three adjectives to describe the applicant.

_____

_____

_____

_____

Texts and programs currently being used _____

_____

In mathematics, student is performing ☐ above ☐ at ☐ below grade level.

Does the student receive enrichment, accommodations, or modifications that address individual strengths or weaknesses in mathematics? ☐ Yes ☐ No If yes, please explain _____

_____

If there is any information you would prefer to discuss by phone, please indicate here.

_____

_____

Thank you for taking your valuable time to complete this evaluation. All information you provide will remain confidential.

_____

NAME (Please Print) TITLE

_____

SCHOOL PHONE

_____

ADDRESS

_____

CITY STATE ZIP

_____

SIGNATURE DATE

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