



MASSANUTTEN MILITARY ACADEMY

Admissions Office
 614 S. Main Street
 Woodstock, VA 22664
 Fax: 540-459-5421 Phone: 877-466-6222

SCHOOL QUESTIONNAIRE

Applicant's Name (printed): _____

Instructions to the Applicant: Please present this form to your school's counselor or principal and ask that it be completed and returned to MMA at the address or fax number above. Questions: call MMA Admissions at the toll-free number above.

Parent's Authorization: As parent/guardian of the above-named student, I request and authorize school administrators and teachers to provide the requested information to Massanutten Military Academy and to discuss the student's discipline and academic performance with MMA staff members as needed to ensure an appropriate enrollment decision.

 Parent/Guardian's Name (printed)

 Signature

 Date

Request to School Administrators/Teachers: The information you provide below will help in assessing the student's potential for success in MMA's structured, military-styled learning environment. Please contact the Admissions Office if you have questions about MMA programs and expectations. Together, we serve students best by ensuring a proper school "fit." Thank you for your time and assistance.

Please provide an evaluation of the student in the following areas.

4 = Excellent

2 = Average

0 = Unsatisfactory

3 = Above Average

1 = Below Average

n/a = not applicable, no basis for opinion

Respect for adults in authority	
Respect for peers	
Honesty	
Work ethic	
Consideration for others	
Leadership	
Loyalty	

Ability to stay focused, on task	
Self-discipline	
Study habits	
Perseverance	
Self-motivation	
Ability to work with others	
Ability to manage frustration	

Please offer an explanation or comment regarding any question to which you answer "yes."

- Has the student ever been suspended or expelled from school? ___ Yes ___ No
- Has he/she been arrested or involved in a situation requiring police or juvenile authority intervention? ___ Yes ___ No
- Has the student been a disciplinary problem at school? ___ Yes ___ No
- Has the student been involved in use/possession of illicit drugs? ___ Yes ___ No
- Has the student been involved in use/possession of alcohol? ___ Yes ___ No

6. Does the student smoke/use tobacco products? ___ Yes ___ No
7. Has the student been enrolled in special education programs?
If so, has he/she been mainstreamed? ___ Yes ___ No
8. Has the student displayed dishonesty (lying, cheating, or stealing)? ___ Yes ___ No
9. Does the student have a history of violent behavior and/or fighting? ___ Yes ___ No
10. Is the student eligible to return to your school next year? ___ Yes ___ No
If no, please explain/comment:

Please provide any additional information to help ensure a proper fit for this student at a new school setting.

Name of Person Completing Form		School	
Email address	Phone #	Years known this student	Capacity

Signature: _____ Date: _____