



609 Brickell Ave
Miami, Florida 33131

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

admissions@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



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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Contribution to School Atmosphere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School-Wide Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work in a Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Excellent	Above Average	Average	Below Average	Not Observed
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic Math Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spatial Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willing to Accept Challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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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:
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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work in a Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Excellent	Above Average	Average	Below Average	Not Observed
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 _____

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