

HEADMASTER / PRINCIPAL / COUNSELOR RECOMMENDATION



TO THE PARENT OR GUARDIAN

Please complete the following information and sign the consent statement. Submit this form to your applicant's current school, and request that they return it directly to Summit Christian Academy.

I understand it will not become part of the permanent file, nor will it be forwarded to other schools. I ask that the Headmaster/Principal/Counselor complete this evaluation and either **scan and email, or mail it directly to the Office of Admissions.**

Student's Name _____
Last First Middle Preferred

Current Grade _____ Applying for Grade _____

_____ has my consent to release all copies of school records to Summit Christian Academy.
Name of current school

I hereby waive my right of access to any information deemed confidential in my applicant's file.

Parent/Guardian Signature _____ Date _____

TO THE CURRENT SCHOOL

The above-named applicant is applying for admission to Summit Christian Academy of Cedar Park. All information will be kept confidential and will not be shared with anyone outside of Summit.

Name of school official _____ Title _____

Signature of school official _____ Date _____

School _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone () _____

Summit Christian Academy does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational, admission, financial aid or employment policies, or any other programs administered by the school.

(continued on back)

How well do you know the applicant academically? _____

As a person? _____

Current school serves grades: _____ to _____ Number of entire student body: _____

Please comment on the applicant's attitude towards school:

To your knowledge, does this applicant have any history of conduct/behavioral problems? Yes No

If yes, please explain:

Has this applicant ever been expelled, suspended, placed on probation, or received other serious disciplinary sanctions? Yes No

If yes, please explain:

Has this applicant been diagnosed with any learning differences? Yes No

If yes, please explain:

Does this applicant receive accommodations? Yes No

If yes, please explain:

What are three words that describe this applicant?

1. _____ 2. _____ 3. _____

PLEASE SELECT FROM ONE OF THE FOLLOWING RECOMMENDATIONS:

- Highly recommend
- Recommend
- Recommend with reservation because:
- Do not recommend because:

Thank you for your assistance in this process. Please return this form and the requested materials to: