

CONFIDENTIAL

PRINCIPAL RECOMMENDATION FORM

Instructions to parents: Please complete items 1-4, then submit the form to the Principal, Counselor or other school official at your child's current school. Ask that it be completed and returned to **Little Rock Christian Academy** at the address listed above.

1. Name of Applicant _____

2. Applying to Grade _____

My son/daughter is applying for admission to Little Rock Christian Academy. I would appreciate you completing this form and returning it directly to the Director of Admissions at Little Rock Christian. I hereby authorize the release of any of my child's records and evaluative data to **Little Rock Christian**.

All evaluations are confidential and WILL NOT be shared with the applicant or the applicant's family.

3. Date _____

4. Signature of parent/guardian _____

EXCEPTIONAL ABOVE AVERAGE AVERAGE FAIR POOR

1. Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Initiative/Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Interest in Non-Academic Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Parental Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Personal Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Emotional Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Summary as a Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Summary as a Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please return this form to Little Rock Christian Academy Admissions Office
 Fax 501.868.8766 or Mail to 19010 Cantrell Road • Little Rock, AR 72223 or
 email the Director of Admissions at darrell.smith@littlerockchristian.com

PRINCIPAL RECOMMENDATION FORM CONTINUED

School Name _____ Principal Name _____

School Address _____

Phone number () _____ Length of time acquainted with student _____mons/yrs

1. Do you place students according to ability? _____ If so, has this student been placed in advanced classes:

2. Does the student have any significant limitations (physical, social, emotional)? _____

3. Is the student's record with you a true index of ability? Or have outside circumstances interfered with academic achievement? (For example, illness, excessive involvement in extracurricular activities, difficult home situation, etc.)

If not a true index, please explain: _____

4. This student has been sent to my office for disciplinary problems: _____often _____ seldom _____never

5. This student has been suspended _____times.

6. This student has been expelled and is ineligible to return next year. YES NO

7. Would you like us to call you about this student? YES NO