

Kingsway Christian Academy

STUDENT RECOMMENDATION

The student named below is applying for admission to Kingsway Christian Academy.

As the teacher or principal your evaluation of the applicant
will be an invaluable tool in our admissions process.

The applicant's file will not be complete without the return of this form.

Please keep your remarks confidential and answer honestly.

If you have any questions you may contact the front office at 407-295-8901.

This portion to be completed by the parent

Name of Student _____ Grade _____

Name of Parent _____ Phone # _____

Has your child ever been suspended, asked to withdraw or expelled? _____ If yes, please explain:

Has your child been tested for any reason? _____ If yes, please explain: _____

This portion to be completed by the teacher or principal

Your name _____

Position _____

School name _____

School address/City/State/Zip: _____

School Phone _____ School Fax _____

Current Grade _____

Will this student be promoted to the next grade? Yes No I don't know

How long have you known the student? _____

What is your relationship to the student? _____

Attendance record Satisfactory Unsatisfactory

Dates or grade level(s) the child attended this school _____

Has this student been suspended, expelled or asked to withdraw? Yes No If yes, please explain:

Based on your personal experience and knowledge of this student, what is your assessment of his/her academic strengths and weakness? Please circle the appropriate response:

	Below Average	Average	Above Average	Outstanding
Academic Potential	1	2	3	4
Academic Achievement	1	2	3	4
Initiative/Motivation	1	2	3	4
Self-discipline	1	2	3	4
Leadership Potential	1	2	3	4
Personal Integrity	1	2	3	4
Conduct & Discipline	1	2	3	4
Respect for Adults	1	2	3	4
Concerns for Others	1	2	3	4
Dependability	1	2	3	4
Overall Recommendation	1	2	3	4

What words or phrases immediately come to mind when describing the applicant?

Does this student appear to have any learning problems? Yes No If yes, please explain:

Does this student appear to have ADHD or ADD? Yes No If yes, please explain:

Describe any factors that might affect the student's academic progress. _____

Describe any factors or discipline problems that affect the student's ability to function well in the classroom. _____

This information may or may not be discussed with parent(s). Please provide any other information which you feel will be useful in our assessment of this application? _____

Your Signature _____ Date _____

Please include a copy of the most recent report card and confidentially mail, fax or email to:

**Kingsway Christian Academy
4161 N. Powers Dr. Orlando, Fl. 32818
Fax ~ 407-295-9651
kca@kingswaychristianacademy.com**