



PRINCIPAL RECOMMENDATION
(INSTRUCTIONS FOR THE PARENTS)

Please fill in the name of the applicant, grade, and date. Then sign and give the form to your child's Principal at his/her current school. Ask that it be completed and returned to **CELINA CHRISTIAN ACADEMY** in a sealed envelope. Thank you.

Name of Applicant: _____ Applying to Grade: _____

Signature of Parent or Guardian: _____ Date: _____

TO SCHOOL PRINCIPAL

My child is applying for admission to **CELINA CHRISTIAN ACADEMY**. I would appreciate your completion of this form and returning it directly to **CELINA CHRISTIAN ACADEMY**. I understand that this information is confidential and further acknowledge that there is no future liability for either your office or **CELINA CHRISTIAN ACADEMY** in the handling of this information.

Name of School: _____

Address: _____

Phone: _____ Length of time acquainted with student: _____

How long has student been enrolled at this school? _____ years _____ months

Do you categorize students according to ability? YES NO If so, in which category is the applicant placed for reading and math? _____

Does the candidate have any significant limitations (physical, social, emotional, mental)? YES NO

If so, please explain: _____

Is the candidate'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 situations, etc.)?

_____ If not a true index, please explain: _____

This student has been sent to the office for disciplinary problems: often seldom never

This student has been suspended _____ times.

Has the student been suspended and therefore not eligible to return next year? YES NO

-- over for page two --

