



CONFIDENTIAL

PRINCIPAL RECOMMENDATION FORM

Instructions to Parents: Please complete items 1-4, then submit the form to the principal at your child's current school. Ask that it be completed and returned to Shalom Christian Academy (126 Social Island Road; Chambersburg PA 17202 / Fax 717-375-2224).

1. Name of Applicant _____

2. Applying to Grade _____

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

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

3. Date _____

4. Signature of parent/guardian _____

	ABOVE AVERAGE	AVERAGE	POOR
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|---------------------------|--------------------------|--------------------------|--------------------------|
| 1. Initiative / Drive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Parental Support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Peer Relationships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Character | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Emotional Stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Homework / Study Habits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. List three Strengths: _____

8. List three Challenges: _____

9. Comment on Behavior (Note any suspensions & reasons): _____

Further Comments that would be helpful as student enters a new school:

Signature of Principal: _____