



MT. BETHEL CHRISTIAN
ACADEMY

Middle School Evaluation Form (Principal/Counselor)

To Parent: Please complete this section and deliver this form to your student's current Principal or School Counselor. Include an addressed and stamped envelope, so the teacher can mail this form directly to MBCA: **Mt. Bethel Christian Academy, ATTN: Admission Office, 4385 Lower Roswell Road, Marietta, GA 30068.** Alternatively, the teacher can fax the form to (770) 971-3770 or email it to admission@mtbethelchristian.org.

Child's Name : _____
First Middle Last

Gender: _____ Date of Birth: _____ Applying for Grade: _____ School Year 20 ____ to 20 ____

Child's Current School: _____

Address of Current School: _____

Signature of Parent or Legal Guardian

Date

Attention Principal/Counselor: Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. We appreciate your cooperation; your evaluation will be held in strict confidence. Please complete and return this form within seven days to: **Mt. Bethel Christian Academy, ATTN: Admission Office, 4385 Lower Roswell Road, Marietta, GA 30068.** Alternatively, you can fax the form to the attention of the Admission Office at (770) 971-3770 or email it to admission@mtbethelchristian.org.

Please fill out the following and comment if desired in the Comment section.

Has the applicant even been a recipient of a special services program (i.e., gifted, learning disability resource center, etc.)?

Yes No Unknown If yes, please explain: _____

Has the applicant been recognized for outstanding academic, athletic, or artistic performance?

Yes No Unknown If yes, please explain: _____

Is the applicant currently involved with extracurricular activities? Yes No Unknown

If yes, please explain: _____

To your knowledge, has the applicant had any history of serious conduct problems? Yes No

If yes, please explain: _____

To your knowledge, has the applicant ever been expelled or suspended? Yes No

If yes, please explain: _____

To your knowledge, has the applicant had a history of illegal substance use or juvenile delinquency problems?

Yes No Unknown If yes, please explain: _____

Would the applicant be permitted to re-enroll in your school? Yes No

If no, please explain: _____

To your knowledge, is the applicant's record a true indication of his/her ability? Or have outside circumstances interfered with academic achievement? Yes No Unknown

Please explain: _____

Please comment on the applicant's attitude toward school: _____

What is your candid estimation of the applicant's personal qualities? _____

Please describe parental support/involvement: _____

In what capacity and how long have you known this child? _____

If the need arises, may we contact you to discuss the applicant further? Yes No

Your job title: _____

Telephone: (_____) _____ Email _____

PRINT NAME OF TEACHER

SIGNATURE OF TEACHER