



MT. BETHEL CHRISTIAN  
**ACADEMY**

## Upper 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](mailto: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 Teachers:** 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.**

*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