



SCHOOL ADMINISTRATOR RECOMMENDATION

Parents: Please complete (print) the top portion of this form and give it to your school administrator for further completion.

Student's Name _____

Current Grade _____

Address _____

Phone _____

Parent's Names _____

Father

Mother

TO BE COMPLETED BY CURRENT SCHOOL ADMINISTRATOR: The above named student has applied for entrance into Polaris Christian Academy. Would you please provide the following information?

1. Is this family active in your school? Yes _____ No _____

2. Check the following which apply to this student:

<u>Academic</u>	<u>Attendance</u>	<u>Discipline</u>	<u>Special Services</u>
____ Above Average	____ Absent 10 days or less	____ Suspended	____ Tutoring
____ Average	____ Absent 15 days	____ Expelled	____ Speech
____ Below Average	____ Absent 20 days or more	____ Truant	

Please provide comments concerning this student's character and any additional information that will assist us in making a decision regarding admission to this school.

Administrator's Name (please print) _____

Administrator's Signature _____ DATE _____

NAME OF SCHOOL _____ PHONE _____

SCHOOL ADDRESS _____

**Thank you for your assistance. Please contact our school office with any questions.
Please mail this information to:
Polaris Christian Academy 2150 E. Powell Rd. Lewis Center, OH 43035**