



Please complete the top portion of this form and give to your child's current teacher. Ask that the form be completed and returned directly to the following address:

**Admissions Director
Bannockburn Christian Academy
7100 Brodie Lane
Austin, Texas 78745
FAX 512.899.1161**

Parent/Guardian

Name of Student/Applicant

Applying for Grade

My son/daughter is applying for admission to Bannockburn Christian Academy. Please complete this form and return it directly to the Admissions Office at the above address/fax number. I authorize the release of my child's records and evaluative data to Bannockburn Christian Academy and hold you harmless for any information provided.

PRINT Parent/Guardian

Relationship to Student

Signature of Parent/Guardian

Date

Current Teacher

Thank you for taking the time to complete this form. Bannockburn Christian Academy appreciates your honest assessment of the above-mentioned student. All information will be kept confidential, will not be released, nor will it become a part of the applicant's permanent record.

Name of Teacher

Signature of Teacher

Name of School & Position

Telephone

Email Address

Section A

Please answer the following to the best of your ability.

How would you describe the above-named student?



To what degree are the parents/guardians supportive and involved?

Rate the applicant's social and emotional development.

Does the applicant have any special needs? If yes, how are these special needs addressed in your classroom?P

Describe the student's response to direction and/or correction.

In your professional opinion, what are the applicant's strengths? Weaknesses?

To your knowledge, does the student have any history of conduct or behavioral problems? _____ Yes _____ No

If yes, please explain:



Section B

Please answer the following to the best of your ability.

**Social/Emotional
Development**

	Excellent	Good	Average	Needs Improvement	Not Applicable
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C

Please answer the following to the best of your ability.

**School
Performance**

	Excellent	Good	Average	Needs Improvement	Not Applicable
Reading Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>