



**PRINCIPAL/COUNSELOR**  
**Confidential Evaluation**  
**2010/2011**

**SOUTHWEST CHRISTIAN SCHOOL**  
**OFFICE OF ADMISSIONS - ELEMENTARY**

6801 Dan Danciger Road · Fort Worth, TX 76133  
(817) 294-0350 · Fax (817) 294-0752

**Name of Applicant:** \_\_\_\_\_  
First Middle Last

**Applying for grade:** \_\_\_\_\_

As parent or legal guardian of this child, I waive my right of access to confidential information in my child's admission file.

\_\_\_\_\_  
Applicant's Birthday

\_\_\_\_\_  
Parent/Guardian Signature

The applicant above has applied for admission to Southwest Christian School. We appreciate your cooperation in completing this form. Your responses, along with teacher recommendations, test scores, and prior academic records will assist us in recommending the appropriate placement for the student. Please complete the following information and return it to us at the address above, or **fax it to us at 817/294-0752**.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. This student is in good standing with this institution academically.              | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. This student is in good standing with this institution behaviorally.              | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. This student has been suspended during enrollment at this institution.            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. This student has been expelled from this institution.                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. This student has been sent to alternative school during enrollment.               | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The family is supportive of this student.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The family is supportive of the decisions and policies of this institution.       | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The family is in good standing with this institution financially. (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I recommend this applicant  | <input type="checkbox"/> | <input type="checkbox"/> |

Have there been any special discipline or social adjustment problems?

\_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_  
(please print)

Position \_\_\_\_\_