



## Student Information Form

*Please complete this form and return or fax it to the VCS Business Office at the address at the bottom of this page.*

Student's name \_\_\_\_\_  
First Name
Middle Initial
Last Name

Applying to Grade \_\_\_\_\_ Beginning September, 20\_\_

I hereby authorize the release of my child's records to Valley Christian Schools.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

*Remainder of form to be completed by authorized staff persons at the school in which the student is currently enrolled.*

\_\_\_\_\_  
 Name of School

\_\_\_\_\_  
 Address                      Street    City    State    Zip

\_\_\_\_\_  
 Telephone

How long has this student been enrolled at your school? \_\_\_\_\_

Principal's Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_

In what capacity and for how long have you known the applicant? \_\_\_\_\_

*Please indicate your ratings by numbers in the right-hand column. Use a question mark where you have insufficient evidence. Your candid estimate of the applicant will be of invaluable assistance to the Admissions Committee and your comments will be held in strict confidence.*

**Confidential Principal/Teacher Recommendation**

	1	2	3	4	5	Ratings
Academic Potential	Exceptionally promising student	Generally strong student	Average student, capable of satisfactory work	Below average Marginal ability Lacks motivation	Questionable candidate	
Personal Qualities	Outstanding – leads and participates	Generally strong	Average	Below average, immature	Very immature for age	
Emotional Stability	Exceptionally stable	Well balanced	Generally well balanced	_Excitable _Unresponsive _Distractible	_Hyper-emotional _Apathetic	
Summary	Outstanding	Above Average	Average	Below Average	Poor	

1. Please comment on the applicant's attitude toward school. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. To your knowledge, has the applicant had any history of involvement with drugs, alcohol, or juvenile delinquency?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has the applicant ever been suspended or expelled? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. To your knowledge, has the applicant had any history of conduct or behavior problems? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does the candidate have any history of learning disability or has he/she required any specific help to meet academic requirements?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Additional comments, if needed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_