

AUTHORIZATION TO RELEASE TRANSCRIPT



50 East Broad Street | Fairburn, GA 30213 | Phone: 770-306-0647 | Fax: 770-969-6551 | www.landmarkchristianschool.org | admissions@landmark-cs.org

Parent

Please complete and sign this form and submit it to the principal's office at the applicant's present school. Thank you.

Applicant's full name _____
first middle last

Current grade level _____

Date of birth _____ Age _____ Home phone _____

Applicant's address _____
street address

_____ *city state zip*

My child is an applicant for admission to Landmark Christian School. I hereby *authorize you to release to Landmark Christian School* the following records: (1) a certified copy of the complete transcript (including grades, credits, all standardized test results, and conduct reports), (2) immunization, health records and (3) a copy of all disciplinary records.

_____ *signature of parent name of parent (please print) date*

School Administrative Staff

Please send the above named records to:

Landmark Christian School Admissions Office, 50 East Broad Street, Fairburn, GA 30213. Thank you.

Name of current school _____

_____ *school address telephone*

_____ *city state zip code*

CONFIDENTIAL TEACHER REFERENCE— ENGLISH (GRADES 6-12)



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Parent

Please sign this waiver and submit this form to the applicant's English teacher. Thank you.

Applicant's name _____ Current grade level _____

My child is an applicant for admission to Landmark Christian School. I hereby authorize you to release to Landmark Christian School the following confidential reference form *that you should mail directly to the Landmark Christian School Admissions Office*. I waive my right to review the information provided on this form.

signature of parent

name of parent (please print)

date

English Teacher

Please assess the above named student in relation to peers in his/her present school. Additional comments are appreciated and may be attached separately. Return this form to **Landmark Christian School Admissions Office**, 50 East Broad Street, Fairburn, GA 30213. Thank you.

Academic Characteristics	Excellent	Above Average	Average	Below Average	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"/>
Originality of Thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<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"/>
Organization/Neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of Work on Time	<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"/>

Personal Characteristics	Excellent	Above Average	Average	Below Average	Not Applicable
Peer Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<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"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make a short comment on the following:

Parental support and involvement _____

Has outside help been recommended? Yes No Been given? Yes No Please elaborate _____

Applicant's social and emotional development compared with others of the same chronological age _____

Describe how well the applicant is respected by adults/peers _____

In summary, I recommend this applicant for admission to Landmark Christian School

	Enthusiastically	Strongly	Moderately	With Some Reservation
Academic Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have known him/her for _____ years.

Name of school _____ Grade _____

Teacher's name (please print) _____

signature *position* *date*

school address *telephone*

city *state* *zip code*

CONFIDENTIAL TEACHER REFERENCE— MATH (GRADES 6-12)



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Parent

Please sign this waiver and submit this form to the applicant's math teacher. Thank you.

Applicant's name _____ Current grade level _____

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signature of parent

name of parent (please print)

date

Math Teacher

Please assess the above named student in relation to peers in his/her present school. Additional comments are appreciated and may be attached separately. Return this form to **Landmark Christian School Admissions Office**, 50 East Broad Street, Fairburn, GA 30213. Thank you.

Academic Characteristics	Excellent	Above Average	Average	Below Average	Not Applicable
Facts/Computation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concepts/Problem Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Toward Subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abstract Thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<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"/>
Organization/Neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of Work On Time	<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"/>

CONFIDENTIAL PASTOR REFERENCE



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Parent

Please sign this waiver and submit this form to a pastor at your church. Thank you.

Parents' names _____

Applicant's name _____

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signature of parent

name of parent (please print)

date

Pastor

Thank you for completing this form in consideration of the above named family. Return this form to **Landmark Christian School Admissions Office**, 50 East Broad Street, Fairburn, GA 30213. Please know that this information will remain confidential. Thank you.

In what capacity have you known the family? _____

For how long? _____

Is this family actively involved in your church? Please explain. (*Active means attends church more than twice a month and takes part in church body life.*) _____

CONFIDENTIAL PASTOR REFERENCE (CONTINUED)

I recommend this family to Landmark Christian School

Enthusiastically	Strongly	Moderately	With Some Reservation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your name (please print) _____ *date*

_____ *signature* _____ *position* _____ *denomination*

_____ *church name* _____ *telephone*

_____ *mailing address* _____ *city* _____ *state* _____ *zip code*

Additional comments _____

CONFIDENTIAL REFERENCE— PRINCIPAL OR GUIDANCE COUNSELOR



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Parent

*Please sign this waiver and submit this form to the office of the principal or guidance counselor at the applicant's present school.
Thank you.*

Applicant's name _____ Current grade level _____

My child is an applicant for admission to Landmark Christian School. I hereby authorize you to release to Landmark Christian School the following confidential reference form *that you should mail directly to the Landmark Christian School Admissions Office*. I waive my right to review the information provided on this form.

signature of parent

name of parent (please print)

date

Principal or Guidance Counselor

Please assess the above named student in relation to peers in his/her present school. Additional comments are appreciated and may be attached separately. Return this form to **Landmark Christian School Admissions Office**, 50 East Broad Street, Fairburn, GA 30213. Thank you.

Confidential Information

1. In what capacity have you known the applicant? _____

2. Please comment on the applicant's attitude toward school. _____

3. Does applicant exhibit a motivation for or apathy toward learning? Does applicant's behavior foster or inhibit learning among his/her classmates? _____

To the best of your knowledge, please answer the following questions. If the answer is "yes" please explain.

4. Has the student had any involvement with drugs, alcohol, or juvenile delinquency? Yes No

5. Has the applicant ever been suspended? Yes No Expelled? Yes No

6. Has the applicant ever voluntarily withdrawn from school? Yes No

7. Has the applicant had any history of problems with conduct or behavior? Yes No

8. Does the applicant have a history of a learning disability? Yes No Does he/she require special assistance to meet academic requirements? Yes No _____

9. Has the applicant ever participated in a program for students who have special academic needs or abilities (including gifted, tutoring, special education)? Yes No _____

10. What contribution would this student make to Landmark Christian School? _____

Your name (please print) _____

signature *position* *date*

school name & address *telephone*

city *state* *zip code*