

CONFIDENTIAL REFERENCE— PRINCIPAL OR GUIDANCE COUNSELOR



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

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 Has the applicant ever voluntarily withdrawn from school?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*