

# 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 PASTOR REFERENCE



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 a pastor at your church. Thank you.*

Parents' names \_\_\_\_\_

Applicant's name \_\_\_\_\_

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*

---

## 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



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*

# CONFIDENTIAL CLASSROOM TEACHER REFERENCE— (PRESCHOOL-5<sup>TH</sup> GRADE)



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 applicant's classroom 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*

## Classroom 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
Fine Motor Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory and Retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Communications Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Work Habits</b>					
Listening in Group Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neat and Careful Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conformity to School Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emotional/Social Development</b>					
Cooperation Among Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect of Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<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"/>
Self-Control	<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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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*