

PRINCIPAL/COUNSELOR RECOMMENDATION

HEBRON CHRISTIAN ACADEMY

P.O. Box 1028 Dacula, GA 30019
(770) 963-9250 ♦ Fax (770) 277-3581
www.hebronlions.org

Principal/Counselor Recommendation 1st-12th

My son/daughter is applying for admission to Hebron Christian Academy. *I would appreciate your completing this form and returning it directly to Holly Pullen, Admissions Director at HCA at the address or fax listed above.* I hereby authorize the release of my child's records and evaluative data.

Student Name _____ Applying for Grade: _____

Current School: _____ Grade: _____

School Address _____

City/State _____ Zip _____

To Parent/Legal Guardian: Please print or type this section and deliver this form. The evaluator will mail these forms directly to the Admission Office. By submitting this evaluation form and in consideration of having this evaluation and your application considered by Hebron Christian Academy, you hereby release HCA, its employees and representatives, the evaluator and the evaluator's employer from any and all claims and liability that may arise from the providing, obtaining or using of the form and the substance of the information provided by the evaluator.

All information provided on the attached evaluation form will be held in strictest confidence and will not be shared with students, parents, or guardians. This evaluation will remain confidential and not become part of the student's permanent academic record

Parent Signature: _____

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

Comments: _____

Principal/Counselor Name (PLEASE PRINT) _____

Title _____

Principal/Counselor Signature _____

Date _____