



Please complete the top portion of this form and give to your child's current Principal or Counselor. Ask that the form be completed and returned directly to the following address:

**Admissions Director
Bannockburn Christian Academy
7100 Brodie Lane
Austin, Texas 78745
FAX 512.899.1161**

Parent/Guardian

Name of Student/Applicant

Applying for Grade

My son/daughter is applying for admission to Bannockburn Christian Academy. Please complete this form and return it directly to the Admissions Office at the above address/fax number. I authorize the release of my child's records and evaluative data to Bannockburn Christian Academy and hold you harmless for any information provided.

PRINT Parent/Guardian

Relationship to Student

Signature of Parent/Guardian

Date

Head of School/Counselor

Thank you for taking the time to complete this form. Bannockburn Christian Academy appreciates your honest assessment of the above mentioned student. All information will be kept confidential, will not be released, nor will it become a part of the applicant's permanent record.

Name of School Official (Please PRINT)

Signature of School Official

Name of School & Position

Telephone

Email Address

Please answer the following to the best of your ability.

How well do you know the student academically & as an individual? _____

What grades does your school serve? _____ to _____ Number of students in entire school? _____

How many students in the entire grade? _____



Please comment on applicant's attitude toward school.

To your knowledge, does the student have any history of conduct or behavioral problems? Yes No

If yes, please explain:

Has the student ever been dismissed, suspended, or received other serious disciplinary sanctions? Yes No

If yes, please explain:

Does the applicant have a history of any learning disabilities? Yes No

If yes, please explain: