

**GROVE CITY CHRISTIAN SCHOOL
4750 HOOVER ROAD
GROVE CITY, OHIO 43123
ATTN: DIRECTOR OF ENROLLMENT**

SCHOOL ADMINISTRATOR'S RECOMMENDATION (Grades 6-12)

STUDENT'S NAME: _____ GRADE: _____

ADDRESS: _____

PHONE _____

PARENT'S NAME _____ FATHER _____ MOTHER _____

The above named student has applied for entrance into Grove City Christian School. Would you please provide the following information for us?

1. Is this family active in your school? What organizations or volunteer responsibilities have they participated in?

2. How would you evaluate this child academically?
Conscientious & task oriented ____ Consistent with some assistance needed ____
Needs individual instruction, struggles with staying on task ____

3. What special needs does this student have? (speech, academic, behavioral, physical)

4. Does this student respect authority? Has this student ever been suspended?

5. Do you experience any unusual behavior problems with this student?

6. Does this student receive special services (tutoring, etc...)?

7. Does this student have an IEP? Please explain.

Please provide comments concerning this student's character and any additional information that will assist us in making a decision regarding admission to our school.

Please return this information to the school listed above. Thank you for your assistance.

SCHOOL PERSONNEL _____ POSITION _____

SCHOOL NAME _____ PHONE _____

SCHOOL ADDRESS _____

ADMINISTRATOR'S SIGNATURE _____