

Northside Christian Academy Student Recommendation Form (K4)

NAME OF STUDENT _____ GRADE APPLYING FOR _____
(please print)

The above named student is seeking admission to Northside Christian Academy. We would appreciate your observations about him/her in the areas listed below. Please check the appropriate box below. Please use a question mark to indicate insufficient evidence on which to make a judgement. If you wish to discuss this student personally rather than complete this form, please check here (), sign the form, and note your telephone number. The Admissions Coordinator will contact you directly.

Please check the appropriate boxes:

	ALWAYS	OFTEN	SOMETIMES	NEVER
A. Understands and accepts responsibility				
B. Accepts authority				
C. Concentrates on tasks without difficulty				
D. Very cooperative				
E. Works independently without close supervision				
F. Follows directions without special help				
G. Behavior is good				
H. Demonstrates leadership qualities				
I. Uses bathroom independently				
J. Changes clothes independently				
K. Follows 2-step directions				
L. Speaks English/Able to communicate with teacher				

Is the student in good standing and eligible to re-enter your school at the next grade level? ☐ YES ☐ NO

In your opinion, is the student developmentally ready for a structured, academic K4 program? ☐ YES ☐ NO If No, please explain:

Has the student had any issues with respecting authority? ☐ YES ☐ NO If yes, please explain: _____

Has the student had attendance (tardiness) issues? ☐ YES ☐ NO If yes, please explain: _____

Are parents cooperative? ☐ YES ☐ NO Are parents involved? ☐ EXTREMELY ☐ SOMEWHAT ☐ RARELY

How would you compare this student to others whom you have observed in similar circumstances both Academically & Behaviorally?
(Please label with A & B)

☐ ☐ BELOW AVERAGE ☐ ☐ FAIR ☐ ☐ GOOD ☐ ☐ ABOVE AVERAGE ☐ ☐ EXCELLENT
☐ ☐ OUTSTANDING ☐ ☐ ONE OF THE TOP FEW I HAVE ENCOUNTERED IN MY CAREER

THIS RECORD IS HELD CONFIDENTIALLY FOR SCHOOL PERSONNEL ONLY

Signature _____

Date _____

Printed Name _____

School _____

Address _____

Phone (including area code) _____

AFTER COMPLETION PLEASE MAIL TO NORTHSIDE CHRISTIAN ACADEMY: 4347 SUNSET BLVD LEXINGTON, SC 29072
OR EMAIL: admissions@ncak12.org
OR FAX TO 803-520-5661, ATTN: ADMISSIONS COORDINATOR