

2201 Ruth Jackson Road · Bogart · GA · 30622 678.726.2300 · Fax 678.726.2301 · www.princeave.org

Principal/Counselor/ Preschool Director Evaluation Entering Kindergarten-12th CONFIDENTIAL Please fax or mail

The following student has expressed an interest in attending Prince Avenue Christian School. To accurately evaluate the student, we request that you complete the information below and e-mail to Victoria Carter at vcarter@princeave.org or mail or fax to the Admissions Director using the address or fax information above.

| Student name: Applying for Grade: | | le: |
|---|---------------------|-------------|
| Present or last school attended: | | |
| Parent signatureDate_ | | |
| 1. This student is in good standing with this institu | tion academically. | ☐ Yes ☐ No |
| 2. This student is in good standing with this instit | ution behaviorally. | ☐ Yes ☐ No |
| If no please explain below or attach discipline | records. | |
| 3. This student has been suspended during enrollment at this institution. | | ☐ Yes ☐ No |
| 4. This student has been expelled from this institution. | | ☐ Yes ☐ No |
| 5. This student has been sent to alternative school during enrollment. | | ☐ Yes ☐ No |
| 6. The family is supportive of this student. | | ☐ Yes ☐ No |
| 7. The family is supportive of the decisions and policies of this institution. | | ☐ Yes ☐ No |
| 8. The family is in good standing with this institution financially. (if applicable). | | ☐ Yes ☐ No |
| Comments: | | |
| Principal/Counselor Name (PLEASE PRINT) | Title | |
| Principal/Counselor Signature | Date | |
| School Address: | School Phone: | |
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