

**Park Row Christian Academy  
Principal / Counselor Recommendation**

---

**Applicant Name:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent Statement**

I, the undersigned, understand that this is a confidential evaluation. My signature herein recognizes that fact and authorizes the person named below to candidly evaluate my child, with the assurance that I will not see this evaluation upon its completion.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

The above-named student is applying for admission to Park Row Christian Academy. Please help us become better acquainted with the applicant by completing this form and returning it directly to the school.

- How long have you know the applicant and in what capacity?
  
- Is this student in good standing with your school academically? If not please explain.
  
- Is this student in good standing with your school behaviorally? If not please explain.
  
- Has the student ever been suspended, expelled, or sent to an alternative school? If yes, please elaborate.
  
- Is this student eligible for re-enrollment in your school?
  
- Has the applicant been recognized for outstanding academic or artistic performance?
  
- Has outside enrichment, tutoring, or testing been recommended? If yes, please explain.

•Please comment on parental expectations and attitude toward the applicant and your school.

Compared to other students this age with whom you have dealt, please rate this applicant in the following areas.

|  | Excellent | Above Average | Average | Below Average | Not Known |
|--|-----------|---------------|---------|---------------|-----------|
| Integrity                                |           |               |         |               |           |
| Conduct                                  |           |               |         |               |           |
| Leadership                               |           |               |         |               |           |
| Respect for Authority                    |           |               |         |               |           |
| Parental Support                         |           |               |         |               |           |
| Participation in Non-Academic Activities |           |               |         |               |           |

•Is there anything else of which our school should be aware in regards to this applicant or family?

**Please mail directly to:**  
 Park Row Christian Academy  
 915 West Park Row Drive  
 Arlington, TX 76013

or

**Fax:**  
 817-277-1365  
 Attn: Admissions Director

Name \_\_\_\_\_

Title \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_