



Trinity Classical Academy

ADMINISTRATOR EVALUATION

To be filled out by Principal, Headmaster of Guidance Counselor

2009-2010 School Year

TRINITY CLASSICAL ACADEMY

P.O. BOX 802679

Santa Clarita, CA 91380-2679

(661) 296-2601

www.TrinityClassicalAcademy.com

admissions@TrinityClassicalAcademy.com

You have been asked to complete this form by a family that is seeking admission for their student to Trinity Classical Academy, an independent, non-denominational school located in Santa Clarita, CA. The mission of the school is to offer a classical, Christian education.

Trinity Classical Academy appreciates your honest assessment of the student. All information will be kept confidential, will not be shared, nor will it become a part of the applicant's permanent record.

By requesting this evaluation from you, the applying family authorizes you to release their child's records and evaluative data to Trinity Classical Academy and holds you harmless for any information provided.

Please complete this evaluation form as it pertains to their student and click Submit and it will be send it directly to Trinity.

Thank you for your participation in the Trinity application process for this student.

Date Submitted

Office use only

Reference

From Status

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APPLICANT

LAST NAME	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name Used/Nickname	Grade	
<input type="text"/>	<input type="text"/>	
I have known this student for:	In what capacity do you know the applicant?	
<input type="text"/>	<input type="text"/>	

ADMINISTRATOR INFORMATION

Your LAST NAME	Your First Name	Your Position
<input type="text"/>	<input type="text"/>	<input type="text"/>
School	<input type="text"/>	
School Address	<input type="text"/>	
	School Phone	<input type="text"/>
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Your School E-mail Address	<input type="text"/>

EVALUATION

How would you characterize the applicant's attitude toward school?

Has the applicant ever been suspended? YES NO Ever been expelled? YES NO If yes, please elaborate:

To your knowledge, does the student have any history of conduct or behavioral problems?

Does the applicant have a history of any learning disabilities? YES NO If Yes, please elaborate:

Does he/she require special assistance to meet academic requirements? YES NO If Yes, please elaborate:

Signature

Date