



Church Information- Part One

Part 1: To be completed by the family. The school must receive this form prior to consideration for enrollment (one per family). After you have completed Part 1, give this form to your Pastor or Sunday School teacher to complete.

Part 2: Your Pastor should mail or fax this form directly to the school.

Family Name: _____

Church your family currently attends: _____ Denomination: _____

Pastor: _____

Address: _____

Members of this church? Yes No

Do both parents attend? Yes No

Describe your church attendance:

Weekly (1-3 times per week)

Occasionally (1-2 times per month)

Rarely (less than once a month)

Never

Father: Do you profess faith in Jesus Christ for eternal salvation? Yes No

If yes, briefly describe how you became a Christian and your daily Christian experience:

Mother: Do you profess faith in Jesus Christ for eternal salvation? Yes No

If yes, briefly describe how you became a Christian and your daily Christian experience:

By signing below, I agree to waive my right of access to information provided to Maranatha Christian Academy by the Pastor who completes this form.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date



Church Information- Part Two

Please fax or mail to:

P.O. Box 877
Oakwood, GA • 30566
770-536-6334 • Fax: 770-531-9625

Part 2 - To be completed by the Pastor or Sunday School Teacher. Please feel free to make additional comments.

Family Name _____

How long have you known this family? _____

Is the family a member of your church? Yes No

Do they participate regularly in the worship services and functions of your church? Yes No

Do you consider all of the children in the family open to spiritual instruction? Yes No

Are the children obedient and respectful to their parents? Yes No

Are the children obedient and respectful to other adults? Yes No

What is your understanding of the parents' relationship with God?

What is your understanding of the children's relationship with God?

Are there any concerns that should be known by the school, which could either positively or negatively, influence the children's ability to succeed at MCA? Please be specific.

Do you recommend this family for admission to Maranatha Christian Academy? Yes With Reservation No

Pastor's Signature _____

Date _____

Church Name _____

Phone _____

Address _____

City _____

St _____

Zip _____



K4-5th Grade Teacher Recommendation

Please fax or mail to:

P.O. Box 877 • Oakwood, GA • 30566
770-536-6334 • Fax: 770-531-9625

To the Parent: *Please complete the student information and give this form to the student's teacher.. Please read and sign the statement below.*

I hereby voluntarily waive my right of access to any information on this recommendation form and agree that the statement shall remain confidential.

Signature of Parent or Legal Guardian

Date

Name of Student

Current Grade

To the Teacher: *We appreciate your cooperation and candor in completing this form. Please return the completed form directly to Maranatha Christian Academy.*

How long have you known this student? _____

To your knowledge has this student ever been suspended or expelled from your school or any other prior school? ____Yes ____No

If Yes, please explain the circumstances? _____

Please evaluate the students abilities in the following areas:

	Excellent	Above Average	Average	Needs Improvement
Follows directions				
Completes tasks				
Works independently				
Works in a group				
Seeks help when needed				
Demonstrates good organizational skills				
Works neatly				
Moves from one task to another				
Displays intellectual curiosity				
Retains learned material				
Participates in class discussions				
Cooperates with classmates				
Respects property of others				
Respects teacher				
Respects others in authority				
Exhibits self-control				
Adjusts to new situations				

For students entering K4 through 2nd Grades please complete the grid below:

	Well Developed	Average Development	Needs Development	
Fine Motor Skills				
Large Motor Skills				
Speech (articulation)				
Visual Perception				

K4-5th Grade Teacher Recommendation: Page 2

Please comment on what you have observed regarding the student's:

Emotional Development: Does the student display appropriate maturity relative to his/her age? How does the student react to conflict, frustration, and transition?

Personal Qualities: Is he/she reserved or outgoing? Do you consider this student a person of honesty and integrity? Does the student display leadership qualities? Does she/he exhibit concern for others?

Relationships with others: Does this student demonstrate concern for others? Is he/she cooperative with classmates and teachers? Is he/she respected by his/her peers?

To your knowledge does this student receive outside tutoring or instruction?

Please describe the family's involvement and cooperation with the school community.

What three words come to mind when you first think of this student?

Signature

Name of School

Your name (please print)

Address

Position

Phone

Date



Math Teacher Recommendation

Grades 6th-12th

Please fax or mail to:

P.O. Box 877 • Oakwood, GA • 30566
770-536-6334 • Fax: 770-531-9625

To the Parent: Please complete the student information and give this form to the student's teacher. Please read and sign the statement below.

I hereby voluntarily waive my right of access to any information on this recommendation form and agree that the statement shall remain confidential. I hereby authorize the release of my child's records and evaluative data.

Current School

Phone Number

Fax Number

Name of Student

Applying for Grade

Signature of Parent or Legal Guardian

Date

To the Teacher: We appreciate your cooperation and candor in completing this form. Please return the completed form directly to Maranatha Christian Academy.

How long have you known this student? _____ In what years did you teach the student? _____

What course did you teach him/her? _____ Class Size: _____

To your knowledge has this student ever been suspended or expelled from your school? ____ Yes ____ No

If Yes, please explain the circumstances, if known? _____

Student's Math Background: Please check which level of math class you feel this student will be ready for at the beginning of the next school year.

____ Basic First Year Algebra (does not include extensive study of rational expressions, irrational numbers, and quadratic equations)

____ 2nd Year Algebra (includes numerical trigonometry through the laws of sine and cosine)

____ 1st Year Algebra (a thorough course which includes quadratics)

____ Pre-Calculus (an introduction)

____ Geometry

____ Calculus (an introduction)

____ 2nd Year Algebra (not including trigonometry)

Math Teacher Recommendation: Page 2

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	Excellent	Above Average	Average	Needs Improvement	No Basis for Judgment
Knowledge of the basic skills					
Problem Solving Ability					
Effort/Determination					
Overall Performance					
Academic Potential					
Intellectual Curiosity					
Ability to Work Independently					
Responsibility					
Organization					
Concern for Others					
Honesty/Integrity					
Self-Esteem					
Maturity (relative to age)					
Respect Accorded by Faculty					
Respect Accorded by Peers					
Overall Evaluation as a Student					
Overall Evaluation as a Person					

If the student is relatively weak or strong in any areas listed above, please elaborate.

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student's application.

Signature

Name of School

Your name (please print)

Address

Position

Phone

Date



English Teacher Recommendation

Grades 6th-12th

Please fax or mail to:

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770-536-6334 • Fax: 770-531-9625

To the Parent: Please complete the student information and give this form to the student's teacher. Please read and sign the statement below.

I hereby voluntarily waive my right of access to any information on this recommendation form and agree that the statement shall remain confidential. I hereby authorize the release of my child's records and evaluative data.

Current School

Phone Number

Fax Number

Name of Student

Applying for Grade

To the Teacher: We appreciate your cooperation and candor in completing this form. Please return the completed form directly to Maranatha Christian Academy.

How long have you known this student? _____ In what years did you teach the student? _____

What course did you teach him/her? _____ Class Size: _____

To your knowledge has this student ever been suspended or expelled from your school? ____ Yes ____ No

If Yes, please explain the circumstances, if known? _____

Briefly describe your course. It is especially helpful to know what texts are used.

How accurately does the student read and understand what he or she has read?

How well does the student write in comparison with other students whom you have taught? Please be specific about areas of strength and weakness.

How well does the student accept advice or criticism?

What are the first three words that come to mind when describing this student?

English Teacher Recommendation: Page 2

To the Parent: Please complete the student information and give this form to the student's teacher. Please read and sign the statement below.

I hereby voluntarily waive my right of access to any information on this recommendation form and agree that the statement shall remain confidential. I hereby authorize the release of my child's records and evaluative data.

Current School

Phone Number

Fax Number

Name of Student

Applying for Grade

Signature of Parent or Legal Guardian

Date

To the Teacher: We appreciate your cooperation and candor in completing this form. Please return the completed form directly to Maranatha Christian Academy.

How long have you known this student? _____ In what years did you teach the student?

What course did you teach him/her? _____ Class Size:

To your knowledge has this student ever been suspended or expelled from your school? ____ Yes ____ No
If Yes, please explain the circumstances, if known? _____

Briefly describe your course. It is especially helpful to know what texts are used.

How accurately does the student read and understand what he or she has read?

How well does the student write in comparison with other students whom you have taught? Please be specific about areas of strength and weakness.

How well does the student accept advice or criticism?

What are the first three words that come to mind when describing this student?