

**PERMISSION FOR SCHOOL TO RELEASE STUDENT RECORDS**  
**To Spanish River Christian School, 2400 NW 51st Street, Boca Raton, Florida 33431**

Name of Applicant \_\_\_\_\_ Grade for which applying \_\_\_\_\_

The form below is to be completed by the Principal, Director or Guidance Counselor of your child's most recent school. The Committee on Admissions cannot act until this information has been received. The school will mail this form and supporting materials directly to Spanish River Christian School. A parent cannot "hand carry" this form to Spanish River Christian School. It will be used only for the admission process and will not become part of the student's permanent record at Spanish River Christian School.

In order to allow the candidate to be considered, I/we authorize the release of my/our child's academic record, other test data, and recommendation as requested below by Spanish River Christian School. I/We hereby authorize Spanish River Christian School to contact school and other sources to obtain information to support this application and I/we will not seek access to confidential recommendation and evaluation materials before or after the admission decision is made. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Spanish River Christian School for that purpose. At a later time, if acceptance is offered by Spanish River Christian School, I/we authorize the release of the full student record file when my/our child transfers.

Signatures of \_\_\_\_\_  
 Date \_\_\_\_\_ Both Parents/Guardians \_\_\_\_\_

**Receiving School May Detach and Retain Upper Portion as Record of Parent Permission.**

**SPANISH RIVER CHRISTIAN SCHOOL RECOMMENDATION**  
**FOR ADMISSION TO GRADES TWO THROUGH EIGHT ONLY**

Name of Applicant \_\_\_\_\_ Grade for which applying \_\_\_\_\_

This child is seeking admission to Spanish River Christian School; a Christian school offering an academic program in preschool through eighth grade. We educate the whole child spiritually, socially, and academically under the Lordship of Jesus Christ.

**Please send with this form a record of the candidate's: 1) current and last school year's marks; 2) any standardized test scores for achievement and ability. We would appreciate your observations in the areas listed below. Your recommendation is confidential, and cannot be released to anyone.**

If you wish to discuss this student personally rather than complete this form, please check here  sign the form at the bottom, and note your telephone number. The Director of Admissions or the Principal will call you.

Would you please **check** the response that best describes the current level of applicant's achievement in these areas: **O** = outstanding for special effort and achievement; **S** = satisfactory progress consistent with ability or age, and **N** = needs improvement or more effort if progress is to be consistent with ability or age. Your written comments may be continued on the back of this form.

AREAS	O	S	N	AREAS	O	S	N
ACADEMIC ABILITY				MOTIVATION			
INDEPENDENT WORK AND STUDY HABITS				ATTITUDE AND COOPERATION			
CONDUCT AND INTEGRITY				MATURITY AND STABILITY			
ATTENTIVENESS TO TASK				RECOMMENDATION AS A STUDENT			

Would you please **check** area(s) in which the student may require help: Your written comments may be continued on the back of this form.

READING	MATHEMATICS	HOMEWORK
ORAL	REMEMBERS FACTS	COMPLETES ASSIGNMENTS
WORD ATTACK	PROBLEM SOLVING	COMPLETES TO ABILITY
COMPREHENSION	ACCURACY	NEATNESS
VOCABULARY	OTHER	TIMELY
OTHER		OTHER

- Does the candidate have any outstanding abilities or deficiencies not covered by the above categories?  Yes  No  
 Explanation: \_\_\_\_\_
- Does candidate have any significant limitations (physical, emotional, social)?  No  Yes, Explanation: \_\_\_\_\_
- Please check if candidate has ever been recommended for any of the following specials programs:  gifted  learning disabled  impaired vision  speech  hearing Did child participate?  Yes  No
- How do you consider the candidate's parents:  very cooperative  usually cooperative  rarely cooperative  rather disinterested  never had any communication with them
- If your school is private, are financial responsibilities for school bills met on time:  Yes  No  Not applicable
- Is candidate in good standing and eligible to remain if you offer the next grade level?  Yes  No  Not applicable
- Has any disciplinary action ever been taken regarding this student?  Yes  No Explanation: \_\_\_\_\_
- How would you rank applicant's performance in his/her class?  top third  middle third  bottom third

**We ask that you and/or the candidate's current teacher use the back of this form to write a brief narrative report that further describes the student and/or explains the answers to the questions above.**

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name (Mr., Mrs., Miss., Ms., Dr.) \_\_\_\_\_

School \_\_\_\_\_ Phone Number and Area Code \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**After completion of this form, please mail along with appropriate documents to: Director of Admissions, Spanish River Christian School, 2400 NW 51st Street, Boca Raton, Florida 33431. The school telephone number is (561)994-5006 and FAX number is (561)994-1160.**

**(Office Use:  Card Sent) (Over Please)**

IMPORTANT REQUEST:

Please use this space to write your estimate of the applicant's possible success at, and contribution to, Spanish River Christian School. You are encouraged to comment candidly on these characteristics of the applicant that seem to you to distinguish him or her from other students with whom you have been associated. Illustrate by example when appropriate, is the candidate's record with your school a true index of ability, or have outside circumstances interfered with academic achievement? (For example: illness, excessive absences, difficult home situation.) What suggestions can you give Spanish River Christian School to help this student be successful and happy?

Thank you for your time and effort in evaluating this student and assisting both the applicant and Spanish River Christian School.

Mrs. Sharon Demko  
Headmaster  
Office Telephone: (561)994-5006  
Office FAX: (561)994-1160

Student's Name \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ School Name \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone and Area Code \_\_\_\_\_ Please indicate best time to call \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_ Length of acquaintance \_\_\_\_\_

**After completion of both sides of this form, please mail to Director of Admissions, Spanish River Christian School, 2400 NW 51st Street, Boca Raton, Florida 33431.**