

# STUDENT INFORMATION FORM

Lafayette Christian School  
525 North 26th Street  
Lafayette, IN 47904  
765/447-3052  
Fax 765/448-1850

Please complete this form and return it directly to Lafayette Christian School at the above address.

Student's Name \_\_\_\_\_  
(First) (Middle) (Last)

Applying to Grade \_\_\_\_\_ beginning \_\_\_\_\_

I hereby authorize the release of my child's records to Lafayette Christian School.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

(To be completed by authorized staff persons at the school in which the student is currently enrolled.)

Name of School \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Principal's Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_

In what capacity and for how long have you known the applicant? \_\_\_\_\_

Please indicate your ratings by numbers in the right-hand column. Use a question mark where you have insufficient evidence. Your candid estimate of the applicant will be of invaluable assistance to the Admissions Committee and your comments will be held in strict confidence.

## CONFIDENTIAL PRINCIPAL/TEACHER RECOMMENDATION

	1	2	3	4	5	Ratings
<b>Academic Potential</b>	Exceptional promising student	Generally strong student	Average student, capable of satisfactory work	Below average 9 marginal ability 9 lacks motivation	Questionable candidate	
<b>Personal Qualities</b>	Outstanding - leads and participates	Generally strong	Average	Below average, immature	Very immature for age	
<b>Emotional Stability</b>	Exceptionally stable	Well balanced	Generally well balanced	9 excitable 9 unresponsive 9 distractible	9 hyper-emotional 9 apathetic	
<b>Summary</b>	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR	

1. Please comment on the applicant's attitude toward school \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. To your knowledge, has the applicant had any history of involvement with drugs, alcohol, or juvenile delinquency? Yes \_\_\_\_ No \_\_\_\_  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has the applicant ever been suspended or expelled? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has the applicant had any history of mis-conduct or behavior problems? Yes \_\_\_\_ No \_\_\_\_  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does the candidate have any history of learning disabilities or has he/she required any special help to meet academic requirements? Yes \_\_\_\_ No \_\_\_\_  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Additional comments. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Teacher's Signature) (Date)

\_\_\_\_\_  
(Principal's Signature) (Date)