# Principal Recommendation Form

14400 N Portland Avenue, Oklahoma City, OK 73134 • Phone (405) 842-8495 • Fax (405) 767-1520
www.crossingsschool.org

Applicant's Name _____ Current Grade _____
Last First Middle Preferred Name

Instructions to the Parents: Please fill in the name of the applicant, grade and date. Then give the form to your son/daughter's principal or other authorized officer at his/her current school. Ask that it be completed and returned directly to CCS. Thank you.

My son/daughter is applying for admission to Crossings Christian School. I would appreciate your completing this form and returning it directly to the Director of Admissions at the fax or address given above. I hereby authorize the release of my child's records and evaluative data pursuant to this request. I understand that this information is confidential and further acknowledge that there is no future liability for either your offices or Crossings Christian School in the handling of this information.

_____
Parent Signature Date

Date _____

Current School _____

Address of School _____

Phone Number _____ Length of time acquainted with student _____

Please indicate your rating by numbers in the right-hand column. Use a question mark where you have insufficient evidence.

| Rating | 5 | 4 | 3 | 2 | 1 | # |
|---|---|---|---|---|---|---|
| **INTEGRITY** | Exceptionally upright | Noticeably upright | Upright, no cause to question | Weak or questionable | Record of dishonesty | |
| **CONDUCT** | Outstanding in every respect | Generally excellent | Good or acceptable | Marginal | Poor | |
| **LEADERSHIP AND ABILITY** | Outstanding top positions | Commendable, top or next to top positions | Capable, minor positions | No sign of leadership or involvement | Record of irresponsibility | |
| **INTEREST IN NON-ACADEMIC ACTIVITIES** | Works very well with those in authority | Commendable, top or next to top activities | Active | Minor participation | No participation | |
| **RESPECT FOR AUTHORITY** | Works very well with those in authority | Works well with those in authority | Respects authority | Periodic rebelliousness to authority | Often Unsupportive, critical of school | |
| **PARENTAL SUPPORT** | Exceptional | Quite good | Average | Sometimes unsupportive | Often unsupportive critical of school | |
| **SUMMARY** | Outstanding | Excellent | Good | Fair | Poor | |

Is the applicant's record with you a true index of ability, or have outside circumstances interfered with academic achievement? (For example: illness, excessive involvement in extracurricular activities, difficult home situation, etc.) ☐Yes ☐No If not a true index, please explain. _____
This student has been sent to my office for disciplinary problems ☐Often ☐Seldom ☐Never
This student has been suspended _____ times this year and _____ times in the past.
Has the student been suspended and therefore not eligible to return next year? ☐Yes ☐No

_____
Principal's Name (Please Print) Signature Date

_____
School Phone Email

**Please write any additional helpful comments on the back.**