



Request for Confidential Records

TO THE PARENT/GUARDIAN OF APPLICANT:

Please print or type the authorization below and return this form to the admissions office with the completed application.

Authorization of Release for Educational Records

Student's Name	Birth Date	Grade
Most Recent School Attended	Phone	
Street Address	City, State, and Zip Code	
Fax number		

In accordance with the federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consents release to Excel Christian Academy of all educational records (including statement of disciplinary action or disciplinary records) and other information as may be requested about the above-named individual.

_____	_____
Date	Parent/Guardian's Signature

To Principal or Guidance Counselor:

We would appreciate you promptly sending the following documents to the address below:

- Complete transcript and latest grades
- Standardized test results
- Any special testing results or placement in special programs
- All disciplinary records or official statement of disciplinary action
- Health Records
- Birth Certificate

Please mail or email to:

Excel Christian Academy
Attn: The Office of Admissions
6505 Odom Rd.
Lakeland, FL 33809
Phone: 863-853-9235 ext. 1 | Klugo@excelonline.org



Teacher Evaluation Form

Parents, please submit this form to your child's current or most recent teacher
 Please return by email to klugo@excelonline.org or by mail to:

The Office of Admissions
 Excel Christian Academy
 6505 Odom Rd.
 Lakeland, FL 33809

Student: _____ Current Grade: _____

School Currently Attending: _____

Address/City/State/Zip: _____

Phone: _____ Email: _____

TO: PRINCIPAL, TEACHER or COUNSELOR

The student named above has applied for admission into _____ grade at Excel Christian Academy for the academic year 2019-20. Your help is requested in supplying as much information as possible so that we can better meet the needs of this student. Length of time in this school: _____

evaluate the following areas with a check mark:	Excellent	Good	Average	Poor
Displays Courteous/Positive Behavior				
Effort				
Cooperation				
Obeys Rules/Respects Authority				
Relationship with Teacher				
Relationship with Peers				
Exhibits creativity and curiosity during and through the learning process				
Emotional Maturity				
Exhibits Self Control				
Respects the Property of Others				
Listens Attentively				
Follows Directions				
Accepts Responsibility				
Participates in Class				
Completes Work				
Works to Ability				
Works Independently				
Organizational Skills				
Attendance				

Reading Series and present grade level of child – please explain:

Math Series and present grade level of child – please explain:

Phonics Series (type of program) and present grade level of child – please explain:

Please describe any challenges (physical, emotional, mental, language barriers, family situations) that have impacted the child's progress:

Please list any area of academic advancement or special recognition awarded:

Classroom Conduct/Discipline – please comment:

Please comment on Behavior/Attitude, Work/Study Habits, and Peer Relationships:

Has the student ever required any special program or other intervention resulting from a learning or behavioral challenge including participating in a Learning Disability Resource Center, a Developmental Reading, English, Math or Other Program, or Behavior Modification?

Has the student ever been so advised to participate in such a program? Yes No

Parent Involvement: Very Supportive Supportive Average Minimal Adversarial

Comments:

Additional helpful information:

Thank you for the time and effort you have taken in completing this evaluation. Your recommendations are a valuable part of our admissions process.

Signature of person completing report

Title

Telephone

Date