



# Transcript Release Authorization

## Instructions to Parents:

Please complete this form and ask your child's current school to mail his/her complete transcript to Mt. Bethel Christian Academy at the address shown below.

Student's Name \_\_\_\_\_ Applying to Grade \_\_\_\_\_  
Last First Name Called

Current School \_\_\_\_\_ School Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

I, the undersigned, authorize you to release my child's certified copy of the complete transcript (**including grades, credits, all standardized test results, discipline records, immunizations, and eye, ear, dental forms**). I also authorize you to send all end-of-year scores immediately upon availability.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Mt. Bethel Christian Academy

4385 Lower Roswell Road

Marietta, GA 30068

Phone: 770-971-0245

FAX: 770-971-3770

[www.mtbethelchristian.org](http://www.mtbethelchristian.org)



# Teacher/Principal Evaluation Form Rising First through Fifth Grades

**To Parent:** Please complete this section and deliver this form to your child's teacher. Include an addressed and stamped envelope to **Mt. Bethel Christian Academy, Office of Admission, 4385 Lower Roswell Road, Marietta, GA 30068**. The evaluator will mail these forms directly to the Admission Office.

Child's Name \_\_\_\_\_ Goes by \_\_\_\_\_  
First Middle Last

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Applying for Grade \_\_\_\_\_ School Year 20\_\_\_\_\_ to 20\_\_\_\_\_

Child's Current School \_\_\_\_\_

Address of Current School \_\_\_\_\_

School Telephone \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**To Teacher/Principal:** Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. We appreciate your cooperation; your evaluation will be held in strict confidence. Please complete and return this form within seven days to **Mt. Bethel Christian Academy, Office of Admission, 4385 Lower Roswell Road, Marietta, GA 30068**.

**Please fill out the following and comment if desired in the Comment section.**

**GENERAL ACADEMICS:**

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
Critical abstract thinking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ENGLISH/LANGUAGE ARTS:**

Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression: Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Names of textbooks and publishers: \_\_\_\_\_

**MATH:**

Knowledge of basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to grasp new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Math textbooks and publishers: \_\_\_\_\_

**WORK SKILLS**

- |                               |  |   |   |  |
|-------------------------------|--|---|---|--|
| Class participation           | <input type="checkbox"/> Joins in readily        | <input type="checkbox"/> Contributes occasionally | <input type="checkbox"/> Wants to dominate      | <input type="checkbox"/> Rarely contributes            |
| Ability to work in a group    | <input type="checkbox"/> Consistently works well | <input type="checkbox"/> Sometimes                | <input type="checkbox"/> Has difficulty         | <input type="checkbox"/> Has great difficulty          |
| Ability to work independently | <input type="checkbox"/> Consistently works well | <input type="checkbox"/> Needs help occasionally  | <input type="checkbox"/> Needs help frequently  | <input type="checkbox"/> Needs constant help           |
| Completes assignments on time | <input type="checkbox"/> Consistently on time    | <input type="checkbox"/> Usually on time          | <input type="checkbox"/> Needs additional time  | <input type="checkbox"/> Has difficulty                |
| Follows directions            | <input type="checkbox"/> Easily and accurately   | <input type="checkbox"/> Occasionally needs help  | <input type="checkbox"/> Needs much explanation | <input type="checkbox"/> Rarely                        |
| Takes initiative              | <input type="checkbox"/> Always                  | <input type="checkbox"/> Usually                  | <input type="checkbox"/> Sometimes              | <input type="checkbox"/> Rarely                        |
| Attention span                | <input type="checkbox"/> Actively engaged        | <input type="checkbox"/> Attentive                | <input type="checkbox"/> Variable attention     | <input type="checkbox"/> Requires frequent redirection |
| Fine motor skills             | <input type="checkbox"/> Excellent               | <input type="checkbox"/> Good                     | <input type="checkbox"/> Fair                   | <input type="checkbox"/> Poor                          |

**SOCIAL SKILLS**

- |                           |   |  |  |   |
|---------------------------|---|--|--|---|
| Peer relations            | <input type="checkbox"/> Role model       | <input type="checkbox"/> Healthy relationships | <input type="checkbox"/> Occasional problems | <input type="checkbox"/> Relates poorly       |
| Relationships with adults | <input type="checkbox"/> Courteous        | <input type="checkbox"/> Usually positive      | <input type="checkbox"/> Occasional problems | <input type="checkbox"/> Shows little respect |
| Concern for others        | <input type="checkbox"/> Very considerate | <input type="checkbox"/> Considerate           | <input type="checkbox"/> Usually considerate | <input type="checkbox"/> Rarely considerate   |
| Attitude toward school    | <input type="checkbox"/> Excellent        | <input type="checkbox"/> Good                  | <input type="checkbox"/> Fair                | <input type="checkbox"/> Poor                 |

**PERSONAL QUALITIES:**

- |                                |   |  |  |   |
|--------------------------------|---|--|--|---|
| Integrity                      | <input type="checkbox"/> Highly trustworthy | <input type="checkbox"/> Trustworthy         | <input type="checkbox"/> Usually trustworthy     | <input type="checkbox"/> Questionable       |
| Warmth of personality          | <input type="checkbox"/> Always friendly    | <input type="checkbox"/> Usually friendly    | <input type="checkbox"/> Occasionally friendly   | <input type="checkbox"/> Rarely friendly    |
| Sense of humor                 | <input type="checkbox"/> Highly developed   | <input type="checkbox"/> Good                | <input type="checkbox"/> Fair humor              | <input type="checkbox"/> Poorly developed   |
| Spirit of cooperation          | <input type="checkbox"/> Always cooperates  | <input type="checkbox"/> Cooperates          | <input type="checkbox"/> Occasionally cooperates | <input type="checkbox"/> Poor cooperation   |
| Leadership potential           | <input type="checkbox"/> Leader             | <input type="checkbox"/> Can follow or lead  | <input type="checkbox"/> Leads on occasion       | <input type="checkbox"/> Rarely leads       |
| Self confidence                | <input type="checkbox"/> Healthy self-image | <input type="checkbox"/> Needs some support  | <input type="checkbox"/> Seems over confident    | <input type="checkbox"/> Poor self-image    |
| Responsible                    | <input type="checkbox"/> Very responsible   | <input type="checkbox"/> Usually responsible | <input type="checkbox"/> Sometimes responsible   | <input type="checkbox"/> Rarely responsible |
| Emotional maturity             | <input type="checkbox"/> Very mature        | <input type="checkbox"/> Age appropriate     | <input type="checkbox"/> Sometimes immature      | <input type="checkbox"/> Very immature      |
| Citizenship                    | <input type="checkbox"/> Excellent          | <input type="checkbox"/> Good                | <input type="checkbox"/> Fair                    | <input type="checkbox"/> Poor               |
| Attitude toward school         | <input type="checkbox"/> Excellent          | <input type="checkbox"/> Good                | <input type="checkbox"/> Fair                    | <input type="checkbox"/> Poor               |
| Self control                   | <input type="checkbox"/> Excellent          | <input type="checkbox"/> Good                | <input type="checkbox"/> Fair                    | <input type="checkbox"/> Poor               |
| Reaction to criticism/setbacks | <input type="checkbox"/> Excellent          | <input type="checkbox"/> Good                | <input type="checkbox"/> Fair                    | <input type="checkbox"/> Poor               |

Comments on above: \_\_\_\_\_

\_\_\_\_\_

Areas in which the applicant has the greatest strengths: \_\_\_\_\_

\_\_\_\_\_

Areas in which the applicant has the greatest needs: \_\_\_\_\_

\_\_\_\_\_

Has the applicant ever been a recipient of a special services program (ie. Gifted, learning disability resource center, speech therapy, etc.)? If yes, please explain:  Yes  No

\_\_\_\_\_

Do you have any reason to question the applicant's academic or personal integrity: (If applicable)  Yes  No  
If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Please describe parental support/involvement: \_\_\_\_\_

\_\_\_\_\_

In what capacity and how long have you known this child? \_\_\_\_\_ Title \_\_\_\_\_

If the need arises, may we contact you to discuss the applicant further? \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Email \_\_\_\_\_