



Agapé Jr. Academy, Inc

263 JACKSON STREET
LAWRENCEVILLE, GA 30046
Phone: 678 376-0883 Fax: 770 484-9678

CONFIDENTIAL EVALUATION FORM

Student Name:

Date:

I/we waive do not waive the right to see the information provided Agapé Jr. Academy, Inc. in the reference form.

Student Signature:

Parent Signature:

The above named student has applied to Agapé Jr. Academy, Inc. It is our desire to have a good match between school and student. We would appreciate you answering this evaluation. Please return this form in a sealed envelope to Agapé Jr. Academy, Inc. 263 Jackson Street, Lawrenceville, GA 30046. (Please put an "X" in the appropriate box in the chart below).

Characteristics of Applicant	Superior	Good	Adequate	Needs Improvement
Attendance				
Respect for Authority				
Relationship with Peers				
Self-Confidence				
Cooperation				
Characteristics of applicant	Superior	Good	Adequate	Need Improvement
Emotional Maturity				
Overall Discipline				
Spiritual Maturity				
Sense of Humor				
Work Ethic				
Ability to Work with Others				
Conduct in Group Activities				
Parental Involvement				

What are the applicant's strengths?

What are the applicant's weaknesses?

To your knowledge, has the applicant been suspended, dismissed, arrested, or placed on probation from school?

Is there any particular information about the student or parents that you believe would be important for us to know as we make our decision concerning the student's enrollment in our school?

I have known the applicant for _____ years.

Name:

Position:

Address:

Telephone:

Signature:

Date:

Please Check one that applies:

Family Friend

Pastor

Principal

Teacher/Educator