



CHRISTIAN
CENTRAL
ACADEMY

QUALITY EDUCATION – CHRISTIAN VALUES

Application for Admission *Classroom Teacher Recommendation* (For students applying for Grades 1-5)

To the Parent: Please give this form to your child's classroom teacher. It is a thoughtful gesture also to give a stamped, self-addressed envelope for the form to be sent directly to **Christian Central Academy, 39 Academy St, Williamsville, NY 14221**. The form may also be faxed. **(Fax 716-634-5851)**. Your child's teacher should complete this form and then fax or mail it to CCA promptly. Admission applications will not be processed until all forms and recommendations have been received.

Name of Student Applicant: _____

To the Teacher: The above-named student is a candidate for admission to Christian Central Academy. We would appreciate your input to aid our Admissions Committee as part of our overall evaluation of this applicant. Please feel free to use the reverse of this page, if necessary. Your remarks will remain confidential. Thank you for your time, candor and consideration. Your prompt return of this completed form either by fax or by return mail to the above address will help us make an admission decision quickly.

I have known the candidate for _____ year(s). The student's present grade is _____.

Strengths or weaknesses in the following areas:

1. Academic Skills (effort, aptitude, writing abilities, work habits, diligence, curiosity)
2. Social Skills (relationships with peers, teacher and other adults)
3. Behavior and Respect (attitude toward self, school, authority; discipline; integrity)
4. Other comments that would be helpful in gaining a profile of this applicant:

Would you like to have this student in your class again? _____

Describe your working relationship with the student's family.

Your Name _____ Position: _____ Date: _____

Your Signature _____

Name and Address of Your School: _____
