



Peoples Christian Academy Confidential School Report

This form is to be completed by the Principal, Guidance Counselor or classroom teacher at your child's current school. Your current school should mail this form directly to PCA.

SCHOOL RECOMMENDATION (Junior School: JK – Gr.5 / Middle School: Gr.6-8 / Senior School: Gr. 9-12)

The student whose name appears below has applied for admission to Peoples Christian Academy. Your candid recommendation of this applicant would be appreciated and kept confidential. Thank you for your cooperation.

Name of Applicant: _____ Current Grade: _____

Current School: _____ Phone: (____) _____

Address: _____

City: _____ Province: _____ Postal Code: _____

CHARACTER EVALUATION: Please check your opinion of the applicant with regard to the following:

	Excellent	Very Good	Good	Average	Below Average	No Basis for Judgment
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACADEMIC EVALUATION: Please check your opinion of the applicant with regard to the following:

	Excellent	Very Good	Good	Average	Below Average	No Basis for Judgment
Academic Ability	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composition Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the student's particular academic strengths and possible areas for improvement.

Has this student been identified with any special need(s), for example: learning disability, health, social adjustment, etc.

Has this student ever been suspended from school? Please share any disciplinary issues you feel are important for us to know.

Length of Time Acquainted with Applicant: _____ What Capacity: _____

Name (print): _____ Position: _____

Signature: _____ Date: _____

Email: _____ Telephone: (____) _____

Thank you for your assistance.

Please return by mail or fax to:

Admissions Department, Peoples Christian Academy, 245 Renfrew Drive, Markham, ON L3R 6G3.