



Bayshore

CHRISTIAN SCHOOL

Principal/Counselor Evaluation For Applicants Entering Grades K2 – 12

Parent of Applicant: Please complete the top section of this form and submit the form to your child’s principal or counselor, to be completed and returned directly to Bayshore Christian School.

Student’s Name: _____

Grade Applying for: _____

Current School: _____

Year Applying for: _____

*My son/daughter is applying for admission to Bayshore Christian School. I would appreciate you completing this form and returning it directly to Bayshore Christian School via mail, fax or email. *Please note: Forms submitted to the Admissions Office by the applicant’s family will not be accepted. All information provided on this evaluation form will be held in the strictest confidence and will not be shared with students, parents, or guardians.*

Parent/Guardian Signature: _____

Date: _____

THIS PART TO BE COMPLETED BY PRINCIPAL/COUNSELOR

To the Applicant’s Principal/Counselor: The student above is applying to Bayshore Christian School. Your candid estimate of the applicant is invaluable in the decision-making process for admission. We understand the difficulty in evaluating a student and are fully aware that children are constantly growing, changing, and developing. This form is only one piece of the applicant’s profile to be used in our assessment process. All information provided on this evaluation form will be held in the strictest confidence and will not be shared with students, parents or guardians. Please complete and return the recommendation directly to Bayshore Christian School via mail, fax, or email to ensure that the applicant receives prompt consideration.

1. Please comment on the student’s attitude toward school.

2. Has the applicant had any history of conduct problems or minor infractions? Yes No If yes, please elaborate:

3. Has the applicant ever been suspended or expelled/dismissed? Yes No If yes, please elaborate:

4. To your knowledge, has the applicant had a history of illegal substance use or juvenile delinquency problems? Yes No If yes, please elaborate:

5. Will the applicant be permitted to re-enroll in your school? Yes No If no, please elaborate:

6. Is the family in good standing with your institution financially (if applicable)? Yes No N/A If no, please elaborate:

7. Has the applicant been recognized for outstanding academic, athletic or artistic performance? Yes No If yes, please elaborate:

8. Please rate the applicant by checking the appropriate quality in each area:

Student Development	Exceptional	Good	Fair	Poor
Overall Conduct				
Respect Towards Teachers				
Respect Towards Peers				
Emotional Maturity				
Leadership				
Involvement Outside of Academics				
Self-Discipline/Motivation				
Academic Ability				
Academic Potential				
Attendance				
Commitment to his/her Education				
Parental Support/Involvement				

9. **Comments:** We would appreciate additional comments and observations concerning this student's abilities, attendance, personal qualities and special interests. We welcome any other information you think might be helpful in our understanding of this student.

Completed by: _____

Signature: _____

I have known this student for _____ years _____ months.

Phone Number: _____

School Address: _____

Please return this form directly to Bayshore Christian School by mail, fax or email.

Thank you!

Bayshore Christian School • Attn: Office of Admissions • 3909 S. MacDill Avenue • Tampa, FL 33611

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