



**To the Parent or Guardian**

Name of the Student: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

Please give to your child's current Principal or Counselor, Language Arts teacher, and Mathematics teacher, respectively.

For the name above, I acknowledge that I waive my right to read the confidential letters of recommendation. I understand that these letters are to be sent directly to Key Point Christian Academy by the applicant's current school and may not be hand delivered by the parent.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**Permission for Release of Records**

This form is to be signed by the parent and submitted to the child's current school.

Name of the Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
mm/dd/yy

Grade Applying For: \_\_\_\_\_

The following records are to be released to Key Point Christian Academy:

- Transcripts of Scholastic Grades and the Marking System Used
- Standardized Test Scores
- Attendance Record
- Diagnostic, Learning or Behavioral Testing Evaluations
- Discipline Reports

**These records are to be released to Key Point Christian Academy:**

**By mail to Key Point Christian Academy, Admission Office, 609 Brickell Ave, Miami, FL. 33131 or email at [admissions@keypointschools.com](mailto:admissions@keypointschools.com)**

Name of the school releasing record:

\_\_\_\_\_  
NAME PHONE

\_\_\_\_\_  
ADDRESS CITY STATE ZIP CODE

I hereby grant permission for the release of the above record.  
I agree that I will not seek access to materials used during the admission process.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



**Letter of Recommendation  
To the Principal or Counselor**

Name of the Student: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

Your candid assessment of the student will be of invaluable help to the Admission Office and is an integral part of the candidate's application process. On behalf of the student, we thank you in advance for your cooperation.

**Please complete and return this form directly to:**

**Key Point Christian Academy, Admission Office, 609 Brickell Ave, Miami, FL 33131 or email to admissions@keypointschools.com**

How would you describe this student? Please indicate any special academic or personal strengths and/or weaknesses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant exhibited any behavioral problems or had disciplinary action taken against him/her? If yes, please describe.

Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student been involved in acts of dishonesty?  Yes  No If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please evaluate the student in the following areas by placing a check in the appropriate column.

	Excellent	Above Average	Average	Below Average	Not Observed
Academic Ability	<input type="checkbox"/>				
Academic Promise	<input type="checkbox"/>				
Independence Work	<input type="checkbox"/>				
Leadership	<input type="checkbox"/>				
Personal Character	<input type="checkbox"/>				
Positive Contribution to School Atmosphere	<input type="checkbox"/>				
School-Wide Conduct	<input type="checkbox"/>				



Have parents attended parent-teacher conferences and other school-related events?

Yes  No

Have parents met school financial obligations in a timely manner (private schools only)?

Yes  No

If there is any information you would prefer to discuss by phone, please indicate here.

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**Thank you for your valuable time to complete this evaluation. All information you provide will be held in confidence.**

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NAME (Please Print) TITLE

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SCHOOL PHONE

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ADDRESS

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CITY STATE ZIP CODE

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SIGNATURE DATE





## Letter of Recommendation To the Teacher - Language Arts

Name of the Student: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

Your candid assessment of the student will be of invaluable help to the Admission Office and is an integral part of the candidate's application process. On behalf of the student, we thank you in advance for your cooperation.

**Please complete and return this form directly to:**

**Key Point Christian Academy, Admission Office, 609 Brickell Ave, Miami, FL 33131 or email to [admissions@keypointschools.com](mailto:admissions@keypointschools.com)**

Please evaluate the student in the following areas by placing a check in the appropriate column.

	Excellent	Above Average	Average	Below Average	Not Observed
Ability to Follow Directions	<input type="checkbox"/>				
Ability to Work in a Group	<input type="checkbox"/>				
Academic Achievement	<input type="checkbox"/>				
Academic Potential	<input type="checkbox"/>				
Initiative	<input type="checkbox"/>				
Leadership	<input type="checkbox"/>				
Level of Maturity	<input type="checkbox"/>				
Organizational Skills	<input type="checkbox"/>				
Participation in Class	<input type="checkbox"/>				
Problem Solving Activity	<input type="checkbox"/>				
Reaction to Criticism	<input type="checkbox"/>				
Respect Accorded by Adults	<input type="checkbox"/>				
Responsibility	<input type="checkbox"/>				
Self-Confidence	<input type="checkbox"/>				
Self-Discipline	<input type="checkbox"/>				



	Excellent	Above Average	Average	Below Average	Not Observed
Self-Discipline	<input type="checkbox"/>				
Time Management	<input type="checkbox"/>				
Oral Communication	<input type="checkbox"/>				
Reading Comprehension	<input type="checkbox"/>				
Reading Interest	<input type="checkbox"/>				
Written Communication	<input type="checkbox"/>				

How would you describe this student? Please indicate three adjectives to describe this applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Texts and programs currently being used \_\_\_\_\_  
\_\_\_\_\_

In language arts, student is performing  above  at  below grade level

Does the student receive enrichment, accommodations, or modifications that address individual strengths or weaknesses in language arts?  Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

If there is any information you would prefer to discuss by phone, please indicate here.

\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your valuable time to complete this evaluation. All information you provide will remain confidential.**

NAME (Please Print) \_\_\_\_\_ TITLE \_\_\_\_\_

SCHOOL \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## Letter of Recommendation To the Teacher - Math

Name of the Student: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

Your candid assessment of the student will be of invaluable help to the Admission Office and is an integral part of the candidate's application process. On behalf of the student, we thank you in advance for your cooperation.

**Please complete and return this form directly to:**

**Key Point Christian Academy, Admission Office, 609 Brickell Ave, Miami, FL 33131 or email to [admissions@keypointschools.com](mailto:admissions@keypointschools.com)**

Please evaluate the student in the following areas by placing a check in the appropriate column.

	Excellent	Above Average	Average	Below Average	Not Observed
Ability to Follow Directions	<input type="checkbox"/>				
Ability to Work in a Group	<input type="checkbox"/>				
Academic Achievement	<input type="checkbox"/>				
Academic Potential	<input type="checkbox"/>				
Initiative	<input type="checkbox"/>				
Leadership	<input type="checkbox"/>				
Level of Maturity	<input type="checkbox"/>				
Organizational Skills	<input type="checkbox"/>				
Participation in Class	<input type="checkbox"/>				
Problem Solving Activity	<input type="checkbox"/>				
Reaction to Criticism	<input type="checkbox"/>				
Respect Accorded by Adults	<input type="checkbox"/>				
Responsibility	<input type="checkbox"/>				
Self-Confidence	<input type="checkbox"/>				
Self-Discipline	<input type="checkbox"/>				



	Excellent	Above Average	Average	Below Average	Not Observed
Study Habits	<input type="checkbox"/>				
Time Management	<input type="checkbox"/>				
Basic Math Skills	<input type="checkbox"/>				
Spatial Reasoning	<input type="checkbox"/>				
Word Problem Solving	<input type="checkbox"/>				
Willing to Accept Challenges	<input type="checkbox"/>				

How would you describe this student? Please indicate three adjectives to describe this applicant.

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Texts and programs currently being used \_\_\_\_\_

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In mathematics, student is performing  above  at  below grade level

Does the student receive enrichment, accommodations, or modifications that address individual strengths or weaknesses in mathematics?  Yes  No If yes, please explain \_\_\_\_\_

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If there is any information you would prefer to discuss by phone, please indicate here.

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**Thank you for taking your valuable time to complete this evaluation. All information you provide will remain confidential.**

NAME (Please Print) \_\_\_\_\_ TITLE \_\_\_\_\_

SCHOOL \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_