



How would you rate the applicant's parental involvement in their education?

- Very cooperative    Usually cooperative    Rarely cooperative    Apathetic    Never communicate

How would you evaluate the applicant's character?

- Outgoing    Strong-willed    Without enthusiasm    Quiet, introverted

---

---

---

Does the applicant have any significant limitations (physical, emotional, social)?

- Yes    No   *If "Yes", please explain.*

---

---

---

Has the applicant ever been recommended to a special program for the following needs?

- Gifted    Learning Disabled    Impaired vision    Speech    Hearing

---

---

---

Is the applicant in good standing and eligible to continue to the next grade level?

- Yes    No    Not applicable

---

---

---

Has there ever been a need for administrative involvement in disciplinary action regarding this student?

- Yes    No   *If "Yes", please explain.*

---

---

---

School Name \_\_\_\_\_ Address \_\_\_\_\_

Year you taught this applicant \_\_\_\_\_ Title/Subject Taught \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Teacher Signature

Name (please print)

Date



Lansing Christian School  
3405 Belle Chase Way, Lansing MI 48911  
Main Office Phone: (517) 882-5779 Fax: (517) 882-5849  
[www.lansingchristianschool.org](http://www.lansingchristianschool.org)