



MVCS LEADERSHIP INSTITUTE
CONFIDENTIAL SCHOOL REPORT
GRADES 1-12 APPLICANTS

Instructions for Parent(s)/Guardians(s): Please give this form to the Principal, Counselor, or other authorized School Officer after signing and dating below.

I hereby waive my right of access to this document as well as my child's right. I understand that this document will not become a part of his or her permanent file, nor will this information be forwarded to any other institution.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mountain View Christian Schools - Leadership Institute is a private Christian School that specializes in leadership development from preschool through 12th grade. We strive to provide unique opportunities for academic, spiritual and physical growth, as well as the development of emotional intelligence. We are seeking students who desire a high energy culture where they will be trained to think and prepare to lead.

Thank you for your time and consideration in completing this form. Your observations are an important part of the candidate's application. Please mail this form to Mountain View Christian Schools - Leadership Institute, attention to the division that applies to your child. (Elementary for grades 1-4, Junior High Prep for grades 5 & 6, Junior High for grades 7 & 8, or High School for grades 9 -12).

Candidate 's Name \_\_\_\_\_
Last First Middle

Name of Current School \_\_\_\_\_

Current School Address \_\_\_\_\_

1. Please comment on the family's relationship with your school and their expectations. \_\_\_\_\_

2. Number of students in this candidate's entire grade \_\_\_\_\_

3. Has the candidate ever been dismissed, suspended, placed on probation from school, or incurred serious disciplinary action? \_\_\_ No \_\_\_ Yes

If Yes, please explain: \_\_\_\_\_

4. If an attendance record is not part of your school's transcript, please indicate the number of days the candidate has been absent while at your school this year \_\_\_\_\_ and the number of days the candidate has been tardy at your school this year \_\_\_\_\_.

5. Please rate this candidate in relation to other students in his/her age group at your school:

	Superior	Good	Average	Below Average	Poor
Academic Potential					
Academic Drive					
Conduct					
Respect Accorded by Faculty					
Respect Accorded by Peers					
Overall					

6. Would this student be welcomed back? \_\_\_ Yes \_\_\_ No

7. Please submit any additional comments which you feel would be beneficial. \_\_\_\_\_

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Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

May we contact you to follow up on these questions? \_\_\_ Yes \_\_\_ No