



LYNDON ACADEMY

SCHOOL RECORD FORM

This form is to be completed by the School Head, Principal or Guidance Counselor and returned directly to Lyndon Academy's Admissions Office.

WAIVER: By signing below, I agree to waive my right of access to any information provided to Lyndon Academy by the teacher/administrator who completes this form.

Name of Applicant: _____ Grade Applying for: _____

Signature of Applicant: _____ Date: _____

Signature of Parent: _____ Date: _____

The parents of the above student have asked Lyndon Academy to consider their son/daughter for admission. At the request of the Admissions Committee, please provide the information requested at your earliest convenience. Your assistance is essential in evaluating the applicant and planning for his/her academic success should this student be admitted. Thank you in advance for your assistance in helping us become better acquainted with this student.

I hereby give permission for the release of my child's official school records to Lyndon Academy.

Parent's or Guardian's Signature _____ Date _____

Student Evaluation Chart PLEASE CHECK APPROPRIATE BOXES	No Basis for Judgment	Below Average	Average	Above Average	Excellent	Truly Outstanding
Academic Potential						
Conduct						
Energy and Initiative						
Independence of Actions						
Sense of Responsibility						
Meeting Deadlines						
Leadership						
Self-confidence						
Warmth of Personality						
Sense of Humor						
Concern for Others						
Reaction to Criticism						
Respect Accorded by Classmates						
Respect Accorded by Faculty						
Attendance						
Integrity						

Has the applicant been subject to discipline for serious misconduct? If so, please explain.

The Admissions Committee would appreciate a frank statement that would be helpful in evaluating the applicant's seriousness of purpose, persistence in the face of difficulties, personality and success in comparison to other students in making adjustments to the requirements of his or her present class.

Please attach a copy of the applicant's academic records and aptitude and achievement test results.

Name _____ Title _____

Signature _____ Date _____

Please return the completed form as soon as possible to:
Admissions Office
Lyndon Academy
485 Toonigh Road, Woodstock, GA 30188