



## REQUEST for CONFIDENTIAL RECORDS DALLAS CHRISTIAN SCHOOL

TO PARENT OF APPLICANT: Please print the authorization below and return this form to the admissions office with the completed application.

### AUTHORIZATION OF RELEASE FOR EDUCATIONAL RECORDS

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade applying

\_\_\_\_\_  
School year

\_\_\_\_\_  
Most recent school attended

\_\_\_\_\_  
How long?

\_\_\_\_\_  
School's street address

\_\_\_\_\_  
School's city, state, and zip code

\_\_\_\_\_  
School's fax number

\_\_\_\_\_  
School's office number

In accordance with the federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consents to release to Dallas Christian School (DCS) copies of all educational records (including statements of disciplinary action or disciplinary records) and other information as may be requested about the above-named individual.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature

#### TO PRINCIPAL OR GUIDANCE COUNSELOR:

We would appreciate you promptly sending the following documents:

- Transcripts and latest grades
- Standardized test results
- TAKS tests if administered
- Any specialized testing results or placement in special programs i.e. Speech, Content Mastery, etc.
- Certificate of immunization and health records
- All disciplinary records of official statement of disciplinary action
- Reference forms, if attached

Please mail or fax to:  
DALLAS CHRISTIAN SCHOOL  
Office of Admissions  
1515 Republic Parkway  
Mesquite, TX 75150  
972.270.5495 Ext. 266 • 972.686.9436 (Fax)

**CONFIDENTIAL ENGLISH TEACHER RECOMMENDATION  
DALLAS CHRISTIAN SCHOOL---GRADES 2-12**

**THIS SECTION TO BE COMPLETED BY APPLICANT**

PLEASE HAVE THE TEACHER RETURN THIS FORM TO THE ADDRESS OR FAX BELOW

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

Applying to Grade \_\_\_\_\_ for the 20\_\_\_\_ - 20\_\_\_\_\_ school year. I acknowledge that I waive my right of access to confidential information in my child's admission file.

\_\_\_\_\_  
 Parent name Parent signature Date \_\_\_\_\_

ACADEMIC PERFORMANCE	Superior	Good	Average	Below Av	Poor	Yes	No
Reading skills							
Writing skills							
Spelling skills							
Comprehension skills							
Prediction of student's success at next grade level							
Would you recommend student for an honors course?							
Has outside help been recommended?							
Has outside help been given? *							
* If yes, by whom? _____							
*Please comment on improvement needed: _____							
<b>STUDY HABITS</b>							
Ability to work independently							
Ability to work with others							
Pattern of completing work on time							
Attention span							
Organization/care of materials							
Work ethic							
Comments: _____							
<b>PERSONAL CHARACTERISTICS</b>							
Peer relations							
Attitude toward faculty and staff							
Citizenship/Conduct							
Comments: _____							

CONTINUED ON THE BACK

DALLAS CHRISTIAN SCHOOL  
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 Mesquite, TX 75150  
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# CONFIDENTIAL ENGLISH TEACHER RECOMMENDATION

PLEASE COMMENT BRIEFLY ON THE FOLLOWING:

1. Applicant's qualities of mind (keenness, originality, imagination):

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2. Applicant's social and/or emotional development as compared with his peers:

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3. Greatest strengths: \_\_\_\_\_

4. Limitations, disabilities, or special needs (including amount of teacher time required):

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5. Parental expectations, support and attitude toward child:

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6. Parental expectations and support of school:

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7. Participation in school-related extracurricular activities:

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8. Other comments: \_\_\_\_\_

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***Thank you for agreeing to submit a recommendation in support of this applicant for admission to Dallas Christian School. The information you provide is confidential and will be used only in the selection of applicants. It will not be available to applicants or parents. Please mail or fax this completed form to the Office of Admissions and Academic Services within one week.***

## **PLEASE PRINT**

This student has been enrolled in this school for \_\_\_\_\_ year(s). I have known him/her for \_\_\_\_\_ year(s). I taught the student in \_\_\_\_\_ grade.

School name: \_\_\_\_\_

School address: \_\_\_\_\_  
Number and Street City State Zip

Teacher name \_\_\_\_\_ School Phone \_\_\_\_\_

Title/Position \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

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**CONFIDENTIAL MATH TEACHER RECOMMENDATION  
DALLAS CHRISTIAN SCHOOL---GRADES 2-12**

**THIS SECTION TO BE COMPLETED BY APPLICANT**

PLEASE HAVE THE TEACHER RETURN THIS FORM TO THE ADDRESS OR FAX BELOW.

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

Applying to Grade \_\_\_\_\_ for the 20 - 20\_\_\_\_\_ school year. I acknowledge that I waive my right of access to confidential information in my child's admission file.

\_\_\_\_\_  
 Parent name    Parent signature    Date \_\_\_\_\_

ACADEMIC PERFORMANCE	Superior	Good	Average	Below Av	Poor	Yes	No
Recall of math facts, formulas, etc.							
Computation skills							
Problem solving e.g. story problems, measurement							
Prediction of student's success at next grade level							
Would you recommend student for an honors course?							
Has outside help been recommended?							
Has outside help been given? *							
* If yes, by whom? _____							
*Please comment on improvement needed: _____							
STUDY HABITS							
Ability to work independently							
Ability to work with others							
Pattern of completing work on time							
Attention span							
Organization/care of materials							
Work ethic							
Comments: _____							
PERSONAL CHARACTERISTICS							
Peer relations							
Attitude toward faculty and staff							
Citizenship/Conduct							
Comments: _____							

CONTINUED ON THE BACK

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# CONFIDENTIAL MATH TEACHER RECOMMENDATION

PLEASE COMMENT BRIEFLY ON THE FOLLOWING:

1. Applicant's qualities of mind (keenness, originality, imagination):

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2. Applicant's social and/or emotional development as compared with his peers:

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3. Greatest strengths: \_\_\_\_\_

4. Limitations, disabilities, or special needs (including amount of teacher time required):

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5. Parental expectations, support and attitude toward child:

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6. Parental expectations and support of school:

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7. Participation in school-related extracurricular activities:

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8. Other comments: \_\_\_\_\_

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## **PLEASE PRINT**

This student has been enrolled in this school for \_\_\_\_\_ year(s). I have known him/her for \_\_\_\_\_ year(s). I taught the student in \_\_\_\_\_ grade.

School name: \_\_\_\_\_

School address: \_\_\_\_\_  
Number and Street City State Zip

Teacher name \_\_\_\_\_ School Phone \_\_\_\_\_

Title/Position \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

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**CONFIDENTIAL SELECTED TEACHER RECOMMENDATION  
DALLAS CHRISTIAN SCHOOL---GRADES 2-12**

**THIS SECTION TO BE COMPLETED BY APPLICANT**  
PLEASE HAVE THE TEACHER RETURN THIS FORM TO THE ADDRESS OR FAX BELOW.

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

Applying to Grade \_\_\_\_\_ for the 20\_\_\_\_ - 20\_\_\_\_ school year. I acknowledge that I waive my right of access to confidential information in my child's admission file.

Parent name \_\_\_\_\_ Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Subject: \_\_\_\_\_

<b>SUBJECT:</b>	<b>Superior</b>	<b>Good</b>	<b>Average</b>	<b>Below Av</b>	<b>Poor</b>	<b>Yes</b>	<b>No</b>
Reading skills							
Writing skills							
Knowledge of subject area							
Prediction of student's success at next grade level							
Would you recommend student for an honors course?							
Has outside help been recommended?							
Has outside help been given? *							
* If yes, by whom? _____							
*Please comment on improvement needed: _____							
<b>STUDY HABITS</b>							
Ability to work independently							
Ability to work with others							
Pattern of completing work on time							
Attention span							
Organization/care of materials							
Work ethic							
Comments: _____							
<b>PERSONAL CHARACTERISTICS</b>							
Peer relations							
Attitude toward faculty and staff							
Citizenship/Conduct							
Comments: _____							

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# CONFIDENTIAL SELECTED TEACHER RECOMMENDATION

PLEASE COMMENT BRIEFLY ON THE FOLLOWING:

1. Applicant's qualities of mind (keenness, originality, imagination):

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2. Applicant's social and/or emotional development as compared with his peers:

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3. Greatest strengths: \_\_\_\_\_

4. Limitations, disabilities, or special needs (including amount of teacher time required):

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5. Parental expectations, support and attitude toward child:

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6. Parental expectations and support of school:

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7. Participation in school-related extracurricular activities:

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8. Other comments: \_\_\_\_\_

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## **PLEASE PRINT**

This student has been enrolled in this school for \_\_\_\_\_ year(s). I have known him/her for \_\_\_\_\_ year(s). I taught the student in \_\_\_\_\_ grade.

School name: \_\_\_\_\_

School address: \_\_\_\_\_  
Number and Street City State Zip

Teacher name \_\_\_\_\_ School Phone \_\_\_\_\_

Title/Position \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

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# DALLAS CHRISTIAN SCHOOL STUDENT BACKGROUND SURVEY (6<sup>th</sup>-12<sup>th</sup>)

**Student Name:** \_\_\_\_\_ **Apply for Grade:** \_\_\_\_\_

As a part of the enrollment process at Dallas Christian School, each secondary student (grades 6<sup>th</sup>-12<sup>th</sup>) must complete this form. It must be signed by the student and parent then given to the applicant's Principal (or designate) for his/her signature. **This information will remain confidential. School Administrator: Please return to Dallas Christian School in the attached envelope or fax to 972.686.9436.**

**PLEASE EXPLAIN ANY "YES" ANSWERS ON THE BACK OF THIS PAGE.**

**Yes No**

- 1. Has this applicant ever been suspended or expelled from any school or assigned to an alternative learning center?
- 2. Has this applicant ever been declared ineligible to re-enroll in the school from which he/she is transferring?
- 3. Has this applicant ever been assigned to in-school suspension (ISS)?
- 4. Has this applicant ever been referred for diagnostic testing, speech or other therapeutic services?
- 5. Has this applicant ever been charged with the possession or use of illegal drugs or controlled substances?
- 6. Has this applicant ever been accused of or involved in the illegal possession of a dangerous weapon?
- 7. Has this applicant ever been involved in gang, satanic, or cult-related activities?
- 8. Has this applicant ever had his/her driver's license suspended or revoked or been charged with Driving While Intoxicated, Driving Under the Influence, or Minor in Possession?
- 9. Has this applicant ever been arrested or convicted by any civil authorities, including juvenile court?

***We agree to the immediate dismissal of the applicant named above from Dallas Christian School for any misstatement or omission of information on this form.***

**The above answers are true and correct to the best of my knowledge:**

\_\_\_\_\_

<b>Student signature</b>	<b>Parent signature</b>	<b>Date</b>
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**Please provide any additional comments regarding this student:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The above answers are true and correct to the best of my knowledge:**

\_\_\_\_\_

<b>Administrator name (please print)</b>	<b>Administrator signature</b>	<b>Date</b>
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# DALLAS CHRISTIAN SCHOOL STUDENT BACKGROUND SURVEY (Pre-K-5<sup>th</sup>)

Student Name: \_\_\_\_\_ Apply for Grade: \_\_\_\_\_

As a part of the enrollment process at Dallas Christian School, each primary student (grades Pre-K-5<sup>th</sup>) must complete this form. It must be signed by the parent then given to the applicant's Principal (or designate) for his/her signature. **This information will remain confidential. School Administrator: Please return to Dallas Christian School in the attached envelope or fax to 972.686.9436.**

**PLEASE EXPLAIN ANY "YES" ANSWERS ON THE BACK OF THIS PAGE.**

**Yes No**

1. Has this applicant ever been suspended or expelled from any school or assigned to an alternative learning center?
2. Has this applicant ever been declared ineligible to re-enroll in the pre-school or school from which he/she is transferring?
3. Has this applicant ever been assigned to in-school suspension (ISS)?
4. Has this applicant ever been referred for diagnostic testing, speech or other therapeutic services?
5. Has this applicant ever been charged with the possession or use of illegal drugs or controlled substances?
6. Has this applicant ever been accused of or involved in the illegal possession of a dangerous weapon?

***We agree to the immediate dismissal of the applicant named above from Dallas Christian School for any misstatement or omission of information on this form.***

The above answers are true and correct to the best of my knowledge:

\_\_\_\_\_  
Student name (please print) Parent signature Date

Please provide any additional comments regarding this student:

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

The above answers are true and correct to the best of my knowledge:

\_\_\_\_\_  
Administrator name (please print) Administrator signature Date

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# REQUEST FOR CHURCH REFERENCE

(Parents, please complete boxed portions before giving to your minister, youth minister, church elder, or Sunday school teacher.)

Family's name \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Student applicant's name \_\_\_\_\_ Applying for grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Church official's name \_\_\_\_\_ Church position \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Church official's signature \_\_\_\_\_ Date \_\_\_\_\_

1. I have known the applicant and his family for \_\_\_\_\_ years.
2. Are the parents members of your church?  Yes  No
3. Is this applicant a member of your church?  Yes  No
4. Is this applicant involved in your church's youth group?  Yes  No
5. Rate parents' church attendance  weekly  occasionally  does not attend
6. Rate student's church attendance  weekly  occasionally  does not attend
7. How are the parents and the student involved in your church?

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

8. Please provide any additional comments regarding this family.

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

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