



## CONFIDENTIAL REFERENCE GUIDANCE COUNSELOR OR PRINCIPAL

4241 Central Church Road | Douglasville, GA 30135 | Phone: 770-942-1583 | Fax: 770-942-9332  
[www.harvesteracademy.com](http://www.harvesteracademy.com)

### PARENT

*Please sign this waiver and submit this form to the applicant's principal or guidance counselor. Thank you.*

Applicant's Name \_\_\_\_\_ Current Grade Level \_\_\_\_\_

My child is an applicant for admission to Harvester Christian Academy. I hereby authorize you to release to Harvester Christian Academy the following confidential reference form that you should mail directly to Harvester Christian Academy Admissions Office. I waive my right to review the information provided on this form.

Signature of Parent

Name of Parent (please print)

Date

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### Principal or Guidance Counselor

Please assess the above named student in relation to peers in his/her present school. Additional comments are appreciated and may be attached separately. Return this form to **Harvester Christian Academy Admissions Office**, 4241 Central Church Road, Douglasville, GA 30135. Thank you.

Confidential Information

1. In what capacity have you known the applicant?

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2. Please comment on the applicant's attitude toward school

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3. Does applicant exhibit a motivation for or apathy toward learning? Does applicant's behavior foster or inhibit learning among his/her classmates?

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To the best of your knowledge, please answer the following questions. If the answer is "yes", please explain.

4. Has the student had any involvement with drugs, alcohol, or juvenile delinquency?  Yes  No

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5. Has the applicant ever been suspended?  Yes  No Expelled?  Yes  No

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6. Has the applicant ever voluntarily withdrawn from school?  Yes  No

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7. Has the applicant had any history of problems with conduct or behavior?  Yes  No

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8. Does the applicant have a history of a learning disability  Yes  No  
Does he/she require special assistance to meet academic requirements?  Yes  No

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9. Has the applicant ever participated in a program for students who have special academic needs or abilities (including gifted, tutoring, special education)?  Yes  No

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10. What contribution would this student make to Harvester Christian Academy?

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Your name (please print) \_\_\_\_\_

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

School address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_