

PRINCIPAL/COUNSELOR RECOMMENDATION
To be completed for all applicants



PINECASTLE
CHRISTIAN ACADEMY
One Family. One Purpose.

Parents: Please provide information in top portion only. Give to your child's principal, counselor or director to complete and return to PCCA at address below.

Permission to release information: _____ Date: _____
Parent signature
Student's Name: _____ Current Grade: _____
LAST FIRST

The following student has expressed an interest in attending Pine Castle Christian Academy. To accurately evaluate the student, we request that you complete the information below and mail or fax to the Main Office at PCCA using the address or fax information above. If you wish to discuss this student personally rather than completing this form, please check here _____, sign the form and note your telephone number, and the Academy will contact you.

1. This student is in good standing with this institution academically. Yes No
2. This student is in good standing with this institution behaviorally. Yes No
3. This student has been suspended during enrollment at this institution. Yes No
4. This student has been expelled from this institution. Yes No
5. This student has been sent to alternative school during enrollment. Yes No
6. The family is supportive of this student. Yes No
7. The family is supportive of the decisions and policies of this institution. Yes No
8. The family is in good standing with this institution financially. (If applicable) Yes No

Comments:

Print your name _____ School Name _____

Signature and position _____

Thank you for your assistance; your prompt response is much appreciated. If you have any questions, please call (407)313-7222

Please return to: PCCA Main Office; 7101 Lake Ellenor Drive; Orlando, FL 32809; fax 407-313-7226