



VERITAS CHRISTIAN ACADEMY *of* HOUSTON

7000 Ferris Street Bellaire, TX 77401
Office: 713-773-9605 FAX: 713-773-9753
admissions@veritasca.org

Principal/Headmaster Questionnaire

Parent or Guardian: Please sign below and give to your child's current principal with an addressed/stamped envelope.

Name of applicant: _____ **Applying for grade:** ____ **Date:** _____

My child is applying for admission to Veritas Christian Academy. Please complete this form at your earliest convenience as the application process will not start until all recommendations are on file. Please return it directly to the school in the sealed envelope provided. I hereby authorize the release of my child's records and evaluative data to Veritas Christian Academy and waive all rights to have access to this recommendation.

Parent/guardian name: _____ **Signature:** _____

Dear administrator: We appreciate your honest assessment. Your comments will be held in strict confidence. This student's application cannot be processed until this form and all school records are received in our admissions office.

1. In what capacity and for how long have you known this student?
2. Is the student habitually tardy or absent? Yes / No (Please circle one)
If yes, please elaborate:
3. Has the applicant ever been suspended or expelled? Yes / No
Any history of misconduct or misbehavior? Yes / No
If yes, please explain:
4. Does the applicant have a history of learning disabilities? Yes / No
Have any special teaching or testing accommodations been provided for the applicant? Yes / No
If yes, please elaborate:
5. Are parents in good financial standing with your school? Yes / No
6. Is there anything regarding the applicant or his family that will be helpful for the admissions committee to know?

Check one:

Highly recommend Recommend Recommend with reservation Do not recommend

I would be willing to discuss this applicant by telephone. **Yes / No** **PHONE:** _____

Name/Title: _____ **Signature:** _____

School: _____ **Date:** _____