



Atlanta Youth Academy

PRINCIPAL/HEADMASTER EVALUATION

Directions for Applicant's Parents: This form is required for application to Atlanta Youth Academy. Please sign where indicated and send to your child's current school.

Directions for Principal/Headmaster: Please make a copy of the original and send this form to: **Atlanta Youth Academy • 2120 Forrest Park Rd • Atlanta, Georgia 30315** OR **mainoffice@atlantayouthacademy.com**

TO BE COMPLETED BY APPLICANT'S PARENT/LEGAL GUARDIAN

I hereby authorize you to release the requested information regarding my child's application to **Atlanta Youth Academy**. I waive any right of access to all information from any source in conjunction with my child's application to the school named above.

Signature of Parent or Legal Guardian _____

Name of Student Applicant _____ **Current Grade Level** _____

***** TO BE

COMPLETED BY PRINCIPAL/HEADMASTER

Principal's/Headmaster's Evaluation:

Has this applicant ever been expelled, asked to withdraw, or suspended from your school for disciplinary and/or academic reasons? If so, please provide details.

Has this applicant ever undergone an individual psycho-educational test, such as diagnosing learning disabilities or emotional difficulties? Yes _____ No _____

If yes, please explain.

How would you rate the applicant's family overall support of the school?

Has the applicant been recognized at your school for any outstanding academic, spiritual, artistic, or athletic performance or contribution? Yes _____ No _____



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If so, please explain. _____

If applicable, does this family pay tuition in a timely manner? Yes _____ No _____



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- Check one of the following:
- 1) I strongly endorse this candidate for admission.
 - 2) I endorse this candidate.
 - 3) I endorse this candidate with reservations.
 - 4) I do not endorse this candidate.

ADDITIONAL COMMENTS

Please provide any additional information regarding this applicant or the applicant's family that would help us to better know his/her spiritual, educational, or personal needs.

Signature of Principal/Headmaster _____ Date _____

Principal/Headmaster's Printed Name _____

School _____

Address _____

Thank you for taking your valuable time to complete this evaluation. Your comments are an important part of the candidate's application. All information provided will be held in confidence and disclosed only to the admissions committee.

Please return this completed form directly to the address listed below in an official school envelope OR email to **mainoffice@atlantayouthacademy.com**.

Atlanta Youth Academy • 2120 Forrest Park Rd • Atlanta, Georgia 30315