



**To the Parent or Guardian**

Name of the Student: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

Please give to your child's current Principal or Counselor, Language Arts teacher, and Mathematics teacher, respectively.

For the name above, I acknowledge that I waive my right to read the confidential letters of recommendation. I understand that these letters are to be sent directly to Key Point Christian Academy by the applicant's current school and may not be hand delivered by the parent.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**Permission for Release of Records**

This form is to be signed by the parent and submitted to the child's current school.

Name of the Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
mm/dd/yy

Grade Applying For: \_\_\_\_\_

The following records are to be released to Key Point Christian Academy:

- Transcripts of Scholastic Grades and the Marking System Used
- Standardized Test Scores
- Attendance Record
- Diagnostic, Learning or Behavioral Testing Evaluations
- Discipline Reports

**These records are to be released to Key Point Christian Academy:**

**By mail to Key Point Christian Academy, Admission Office, 609 Brickell Ave, Miami, FL. 33131 or email at [admissions@keypointschools.com](mailto:admissions@keypointschools.com)**

Name of the school releasing record:

\_\_\_\_\_  
NAME PHONE

\_\_\_\_\_  
ADDRESS CITY STATE ZIP CODE

I hereby grant permission for the release of the above record.  
I agree that I will not seek access to materials used during the admission process.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



## Letter of Recommendation To the Preschool Teacher

Name of the Student: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

Student's First Language: \_\_\_\_\_ How long have you known this applicant? \_\_\_\_\_

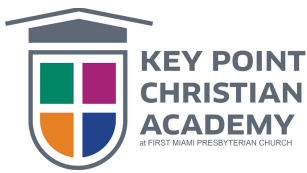
Your candid assessment of the student will be of invaluable help to the Admission Office and is an integral part of the candidate's application process. On behalf of the student, we thank you in advance for your cooperation.

**Please complete and return this form directly to:**

**Key Point Christian Academy, Admission Office, 609 Brickell Ave, Miami, FL 33131 or email to [admissions@keypointschools.com](mailto:admissions@keypointschools.com)**

Please evaluate the student in the following areas by placing a check in the appropriate column.

	Excellent	Above Average	Average	Below Average	Not Observed
<i><b>1. Cognitive</b></i>					
Pays attention in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moves smoothly from one activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses material purposely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens to story at least 10 minutes in length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies numbers (1-20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i><b>2. Motor Development</b></i>					
Demonstrates adequate coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claps with music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runs and climbs on playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holds crayon adequately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Excellent	Above Average	Average	Below Average	Not Observed
String beads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes an 8-10 piece puzzle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Social-Emotional Development</b>					
Expresses frustration verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a sense of self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays well parallel or with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take turns appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Language Acquisition</b>					
Speaks in 3-5 word sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbalizes songs and finger plays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes verbal contributions in small group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has good grasp of English language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you describe this student? Please indicate three adjectives to describe this applicant.

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If there is any information you would prefer to discuss by phone, please indicate here.

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**Thank you for your valuable time to complete this evaluation. All information you provide will remain confidential.**

NAME (Please Print)

TITLE

SCHOOL

PHONE

ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE