



Gateway Christian Academy

“A Ministry of Gateway Church”

Certified and Accredited by: ILCS/FLOCS

Dr. William Latson, Principal

Request for Confidential Records

Parent/Guardian: Please complete the authorization below and return to the admissions office.

Authorization of Release for Educational Records

Student's Name	Date of Birth	Grade	
Most Recent School Attended	Telephone	Fax	
Street Address	City	State	Zip Code

In accordance with the federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consents release to Gateway Christian Academy of all educational records (including statement of disciplinary action or disciplinary records) and other information as may be requested for the above-named student. I understand that this form is confidential and hereby waive any rights to review its contents. I also release, discharge and agree to indemnify and hold harmless Gateway Christian Academy, its administrators and all employees of any and all claims, actions or liability arising out of or relating to the submission of the information requested.

Date

Parent/Guardian's Signature

To the Registrar, Principal or Guidance Counselor:

We would appreciate you promptly sending the following documents to the address below:

- Complete transcript and most recent report card
- Standardized test results
- Any special testing results or placement in special program
- All disciplinary records or official statement of disciplinary action

Please mail or fax to: **Gateway Christian Academy**
Attn: Admissions



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Teacher Evaluation Form

Student's Name	Date of Birth	Grade	
Most Recent School Attended	Telephone	Fax	
Street Address	City	State	Zip Code

TO: PRINCIPAL, REGISTRAR/GUIDANCE COUNSELOR/TEACHER

The above named student has applied for admission at Gateway Christian Academy. Your help is requested in supplying as much information as possible so we can better meet the needs of this student.

Please evaluate the following with a check mark:	Excellent	Good	Average	Poor
Displays courteous/positive behavior				
Effort				
Cooperation				
Obeys Rules				
Relationship with Teacher				
Respects Authority				
Relationship with Peers				
Emotional Maturity				
Exhibits Self Control				
Respects the Property of Others				
Listens Attentively				
Follows Directions				
Accepts Responsibility				
Participates in Class				
Completes Work				
Works to Ability/Potential				
Works Independently				
Organizational Skills				
Attendance				
Punctuality				

Additional Information is needed on the next page

2130 N.W. 26th Street • Fort Lauderdale, Florida 33311

Telephone: (954) 485-7012 • Fax: (954) 485-6929 • E-Mail: gca@gateway-ministries.org

Website: mygatewaychristianacademy.org

Reading Series and present level of student – Please explain:

Math Series and present level of student – Please explain:

Phonics Series (type of program) and present level of student – Please explain:

Please describe any disabilities (physical, emotional, mental, language barriers, family situations) which may affect this student's progress:

Please list any area of academic advancement or special recognition award:

Classroom Conduct/Discipline – Please comment:

Please comment on Behavior/Attitude/Work/Study Habits and Peer Relationships:

Has the student ever required any special program or intervention resulting from a learning or behavioral challenge including participating in a Learning Disability Resource Center, a Developmental Reading, Reading, Math, support or Behavior Modification Program? Please Explain.

Has the student ever been advised to participate in any such program? Yes No

Parental Involvement: Very Supportive Supportive Average Minimal Adversarial
Comments:

Parental Financial Obligation: Prompt Paid in Full Delay Action Outstanding Balance

Additional helpful information:

Thank you for the time and effort you have taken in completing this evaluation. Your recommendations do have a bearing on our decisions.

Name of person completing report: _____ Title/Position: _____
Telephone: _____ Date: _____

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