

# New Covenant Christian School



**Mailing Address**  
PO Box 80737  
Lansing, Michigan 48908  
www.nccswarriors.org

**Site Address**  
4415 W. St. Joseph Hwy.  
Lansing, MI 48917  
Phone: (517) 323-8903 • Fax: (517) 323-0421

*Building a Rock Solid Foundation*

## SCHOOL ADMINISTRATOR RECOMMENDATION

**NOTE TO PARENTS:** Please complete the information in the box, and then ask the administrator of the last school your student attended to complete this form in its entirety and mail or fax it directly to NCCS.

<b>Student's Name:</b> _____	<b>Last Year Attended:</b> _____	<b>Last Grade Attended:</b> _____
<b>Address:</b> _____	<b>City/State/Zip:</b> _____	
<b>Parent's Name:</b> _____	<b>Phone:</b> _____	

**NOTE TO THE ADMINISTRATOR:** The above student has applied for admission to New Covenant Christian School. Your evaluation of the above family will be very helpful to us in considering this student for admission. The information you provide will be held in strict confidence. Please complete this form and fax or mail it directly to NCCS. Thank you for your input.

1. Please describe the level of involvement this family had in your school and check any of the boxes below that apply.

**Mother:**  PTA  Volunteer  Other **Father:**  PTA  Volunteer  Other

2. In what activities did this student participate?

Athletics  Music  Drama  Student Government  Other (please specify) \_\_\_\_\_

3. How would you describe this student's academic achievement:  Above Average  Average  Below Average

4. Attendance:  Absent 10 days or less  Absent 11-19 days  Absent 20 days or more  Truancy

5. What special services did the above student receive at your school?  Tutoring  Resource Room  Speech/Hearing

6. What disciplinary measures were taken with this student?  Suspension  Expulsion

7. Has this family fulfilled all financial obligations to your school?  Yes  No If not, will you release records?  Yes  No

Please make any comments relevant to this student's character and provide any additional information that will assist us in making a decision regarding admission to NCCS.

**Administrator's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_