

Scholastic Record Form



To be completed by the Guidance Counselor or Principal.

Name of applicant _____

The student named above is applying for admission to Brenau Academy. Please share your thoughts about her as a student as a citizen in your school by completing this form and returning it to the Office of Admissions with the following:

- Official transcript showing grades (and credits, if given) for the past two years and for the current school year.
- Standardized testing scores.

Number of students in applicant's grade level: _____

Applicant's rank: top 25% top 50% lower 50%

Please indicate student's ability group, sectioning, or tracking compared to other students in her grade:

advanced regular slow

If the applicant has been in disciplinary trouble at your school, please explain. _____

If attendance or tardiness has been a problem for this student, please describe. _____

Please share with us your thoughts regarding this student's presence at your school. How does this student interact with her peers? Her teachers? What are her strengths and weaknesses? _____

Are there outside factors (i.e., family, physical needs, etc.) that we should know about this student? Please explain. _____

Please evaluate this applicant in relation to other students in her age group by checking the appropriate spaces below:

	Truly Outstanding	Excellent	Good	Average	Below Average
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability/Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After considering this student’s academic and personal qualities, how would you recommend this candidate to Brenau Academy?

- Enthusiastically
 Confidently
 With Reservations*
 Do Not Recommend*

* (Please explain) _____

Thank you for your assistance. Please be assured that your comments will be given full consideration and will be treated confidentially.

Name (Print) _____ Date _____

Position _____ School _____

Signature _____

Return to:
 Brenau Academy
 Office of Admissions
 500 Washington St. SE
 Gainesville, GA 30501