

10132-A Harrisburg Road • Charlotte, NC 28215 • 704-549-4101

This form should be completed and returned by the Principal directly to CCA Admissions Office by email or mail.

CONFIDENTIAL PRINCIPAL'S RECOMMENDATION: $\mathbf{1}^{ST} - \mathbf{6}^{TH}$ GRADE

Parents:	Please complete this s	section and de	iver this forr	n to your child's Pri	ncipal.			
Student Name:DOB:								
Applying for Grade Le	vel:			_				
	arent Signature:Today's Date:							
Principal: The above namailina sealed envelope in evaluating this candid	oremail to CCAAdmiss	sion Office. You	rtimely respo	onse and honest eval	uation is very helpful			
School Name:		A	ddress:					
Completed By:	ompleted By: Title:							
illness, death in family, et Has this student been re and frequency. Has this student been su Has this student been exp Ifyes, please explain.	eferred to your or relevant spended? Never spelled? Never	ant offices for d	isciplinary m	atters? If so, please e	explain the offense(s)			
Will this student be permi	tted to return to your sch	nool next year?	☐ Yes	□No				
Please indicate your ra	ating by circling the a	ppropriate nu	mber. Use I	N/A if you have ins	sufficient evidence.			
	OUTSTANDING	GOOD	FAIR	UNACCEPTAB	LE			
Conduct	4	3	2	1	N/A			
Integrity	4	3	2	1	N/A			
Responsibility	4	3	2	1	N/A			
Respect for Authority	4	3	2	1	N/A			
Teachability	4	3	2	1	N/A			