

Head of School/Principal Evaluation

For Parent(s)/Guardian(s): My child, listed below, is applying for admission to Oak Hill Academy. I waive my right of access and that of my child to this head of school/principal evaluation. I ask that the head of school or principal complete this evaluation and mail or FAX it to Oak Hill Academy - Admissions Department.

Parent/Guardian Signature

Parent/Guardian Signature

Student's Name _____ Age _____

Instructions for Head of School / Principal: Thank you for taking the time to complete this evaluation. All of the information you provide will be kept in the strictest of confidence.

Please rate this student in relation to other students enrolled in his/her grade level. (Circle one.)

MOTIVATION	Superior	Good	Average	Below Average	Poor
CONDUCT	Superior	Good	Average	Below Average	Poor
RESPECT FOR FACULTY	Superior	Good	Average	Below Average	Poor
RESPECT FOR PEERS	Superior	Good	Average	Below Average	Poor

Has this student had any disciplinary problems? If yes, please explain.

Is this student allowed to return to your school next year? Yes No

The student's family is in good financial standing with the school. Yes No

This student is cooperative. Seldom Most Times Always

This student is in compliance with school rules. Seldom Most Times Always

Parents/Guardians are supportive and cooperative. Seldom Most Times Always

Parents/Guardians have realistic expectations of the school. Seldom Most Times Always

PLEASE INDICATE YOUR LEVEL OF RECOMMENDATION FOR THIS STUDENT:

_____ Strong recommendation for enrollment

_____ Recommendation for enrollment

_____ Recommendation for enrollment with reservations

_____ Not recommended for enrollment

Head of School/Principal Signature

Date

Phone and Extension #

Email

PLEASE MAIL or FAX THIS EVALUATION FORM TO:
Oak Hill Academy - Admissions Department
9407 Midway Road
Dallas, Texas 75220

Fax #: 214-353-8839