



Timberlake Christian Schools

# TCS Applicant Evaluation Grade 1 - 12

Parent: This completed Evaluation Form must be returned to TCS before testing can be done. Please give it to a person who knows your son or daughter in a teaching or classroom capacity for completion and submit it to TCS **as soon as possible**. This person may not be a relative. We cannot finalize the application process until this document is received. Thank you.

To whom it may concern,

The parents of \_\_\_\_\_ have applied for enrollment in our school. We appreciate your completing the following questionnaire so that we may make an informed decision about this applicant. Thank you for your assistance.

Grade child will enter: \_\_\_\_\_

Your Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

How long have you known this individual? \_\_\_\_\_

How would you evaluate the applicant's academic efforts (check one)?

Superior  Good  Average  Poor  Failing

Please Comment: \_\_\_\_\_

On a scale of 1 to 10, how would you rate the applicant's response to authority? \_\_\_\_\_

How would you rate the applicant's overall attitude and approach to life (check one)?

Very Positive  Good  Average  Struggling  Very Negative

Please Comment: \_\_\_\_\_

What problem areas, if any, have you noticed in the applicant's life during the past 6-12 months? (Consider spiritual, social, academic, emotional, and physical areas.)

Please give your evaluation of the applicant's interest and commitment to spiritual concerns.

Please list any other pertinent information that you feel would be helpful:

Would you recommend this applicant for enrollment in a Christian school such as TCS? Yes  No   
Please explain.

Signature: \_\_\_\_\_

Please return to: Timberlake Christian Schools, 202 Horizon Drive, Forest, VA 24551  
Forms may be faxed to 434-239-3319 or emailed to [office@tcs4u.org](mailto:office@tcs4u.org).