Behavior Report

Admissions Office, P.O. Box 1668, White Plains, MD 20695

Email: adrienneglista@smcaemail.com Telephone: 301-870-2550 Fax: 301-934-2855



To be completed by the parent		12			
To be completed by the parent					
Student's Name:					
Last	First	Middle	Suffix(Jr., III, Etc.)		
Date of Birth:					
mm / dd / yyyy					
I hereby authorize		to release t	his information to		
Thereby authorize	School	to release this information to			
Southern Maryland Christian Acader	my and understand that the inf	formation disclosed is confide	ntial and will not be		
made available for student or paren	t review.				
Parent/guardian signature		mm/dd/yy	уу		
Parent/guardian printed name		relationship to stu	dent		
To be completed by principal or administra					
To school official: The student listed above is applying for adminformation requested below. 1. Has this student been involved in any disc	<u> </u>	_	istance in providing the		
If yes, please explain, including date(s) and o					
2. Is there any other information you think v If, yes please explain.	ve should know before we make an a	dmission decision on this student's a	pplication? Yes No		

3. The information provided is based upon: information from student's file information from personal knowledge						
4. Recommendation (please choose one):	highly recommend	recommend	recommend with reservations	do not recommend		
Comments:						
-						
This form completed by:						
authorized signature						
printed name						
title						
telephone						

Please mail, email, or fax to:

Southern Maryland Christian Academy Attn: Admissions PO Box 1668 White Plains, MD 20695 Fax: 301-934-2855

Email: adrienneglista@smcaemail.com