



Georgia Mountains Christian Academy

Elementary/Middle School Teacher's Recommendation Form

My son/daughter is applying for admission to Georgia Mountains Christian Academy. Please complete this form and return it to 2664 Highway 197 South, Mt. Airy, Georgia, 30563. I authorize the release of my child's records and evaluative information to Georgia Mountains Christian Academy.

Student Name: _____ Applying for Grade: ____

Current School: _____ Grade: _____

Current School Address: _____

Parent Signature: _____ Date: _____

To the Teacher of _____:

This student has applied at Georgia Mountains Christian School. Using the form given, please evaluate this student. Thank you for your cooperation and timely completion of this form.