



MARANATHA CHRISTIAN BILINGUAL SCHOOL

~ ACADEMIC FRUITS WITH SPIRITUAL ROOTS ~

2871 Highway H • Farmington, MO 63640 • (573) 210-4453

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TEACHER EVALUATION FORM

Student Information

Student's Full Name

Parent/Guardian First and Last Names

Age

Date of Birth

Gender

Teacher and School Information

Teacher's Name

School Name

Street Address

City and State

Zip Code

School Phone Number

Teacher's Email Address

Request for Evaluation

This student has applied for admission to Maranatha Christian Bilingual School and has indicated you as a willing reference on their behalf. Please complete the attached form and return it to us in the addressed and postage paid envelope that is enclosed. The State of Missouri requires that any school district that receives a records request respond within five (5) business days of receipt. Since we are unable to process the student's application until all reference forms are received, your prompt reply is appreciated. All information you provide is confidential. Thank you for your help!

Consent to Release Information

Parent/Guardian Signature

Date

Your signature indicates consent for the sending teacher to provide information and a personal evaluation of your child to Maranatha Christian Bilingual School. These records must be received in order for your application to be processed. Information received will be kept confidential and is used only for admission purposes.