



**ROUND ROCK CHRISTIAN ACADEMY**  
**Secondary Student (6<sup>th</sup>-12<sup>th</sup> grades)**  
**Teacher / Principal Recommendation Form**

This student is applying for admission to RRCA. Please complete this form and return it directly to the Admissions Office at RRCA as soon as possible. Please mail, fax, or scan and email the completed form to:

**Round Rock Christian Academy**  
Attn: Student Registrar  
800 Westwood Drive  
Round Rock, TX 78681

Phone: 512-255-4491  
**Fax: 512-255-6043**  
**admissions@rrca-tx.org**

**Name of Teacher / Principal** \_\_\_\_\_ **Name of School** \_\_\_\_\_  
**Subject Area / Grade taught** \_\_\_\_\_ **How long have you known applicant?** \_\_\_\_\_  
Has the applicant been assigned to advanced / honors classes? ☐ Yes ☐ No  
Has the applicant been assigned to remedial classes or been given modified assignments? ☐ Yes ☐ No  
**Signature of Teacher/Principal:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Contact Info (optional\*)** \_\_\_\_\_

**\*If you would prefer that RRCA contact you regarding this student, provide your contact information above.**

*Please indicate your ratings by number in the right hand column, or write N/A if you have insufficient evidence to give a rating. Feel free to add any additional comments below.*

Student's Name

Academic Ability

Diligence in Academics

Conduct

Shows Leadership Qualities

Non-Academic Activities

Respect for Authority

Emotional Stability

Parental Support

***Additional Comments:***