

Arlington Christian School
4500 Ridge Road Fairburn, GA 30213
770-964-9871 Fax: 770-306-3630

CONFIDENTIAL RECOMMENDATION FORM
FOR APPLICANTS ENTERING GRADES K5-4th

Personal Reference

Name of Student _____ Candidate for Grade _____

Parent or Guardian

Parent or Guardian: Please write your child's name in the space above and read and sign the following before giving this to your minister.

I understand and agree that the information contained on this Recommendation form is confidential and will be used only in the selection of candidates. It will not become part of the candidate's permanent file. I waive any right to see it.

Signature of Parent or Guardian _____
Date

Personal Reference

Thank you for your time and care in completing this Recommendation for the student named above. Your observations are held in complete confidence. Please check the appropriate boxes and include comments if you wish. ***Return the completed form to Arlington Christian School as soon as possible. Admission decisions cannot be made until student files are complete.***

Personal Qualities

	Superior (Top 10%)	Above Average	Average	Below Average	No Basis for Evaluation
Attendance					
Respect for others					
Cooperation					
Emotional Stability					
Manners					
Reaction to Disappointment					
Sense of Service					
Responsibility					
Self-Confidence					
Initiative					
Integrity & honesty					
Leadership					
Sense of humor					
Maturity					

How long have you known the student? _____

