Arlington Christian School

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

CONFIDENTIAL RECOMMENDATION FORM
FOR APPLICANTS ENTERING GRADES 6-12

PRINCIPAL/COUNSELOR

Name of Student _____ Candidate for Grade _____

Parent or Guardian

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

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 know the student? _____

Has the student studied a Foreign Language? □ Yes □ No

Which language? _____ Number of years _____ Class per week_____

Which language(s) are spoken in the home? _____

Does this student have any special talents or has the student received any award or recognition? _____

_____

Is student habitually tardy or absent? □ Yes □No. If yes, please elaborate: _____

Is the student in good standing with your school? □ Yes □ No If yes, please explain: _____

_____

Has the student had any disciplinary problems in the last year? □ Yes □ No If yes, please explain:

_____

Please describe any special teaching or testing accommodations/modifications that have been provided for the student.
_____

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Are parents supportive of school policies? □ Yes □ No Are parents responsive to school suggestions? □ Yes □No

Check one:

□ ***Highly recommend*** □ ***Recommend*** □ ***Recommend with reservation*** □***Do not recommend***

If this answer is "Do not recommend" or "Recommend with reservation, "please explain.

If you have additional information that will be helpful in our evaluating this student's application, please comment._____

_____

Signature of Teacher: _____ Date: _____

School : _____ School Phone: _____