Arlington Christian School

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

CONFIDENTIAL RECOMMENDATION FORM
FOR APPLICANTS ENTERING GRADES K-5TH

Personal Reference

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 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					

Check One:

□ ***Highly Recommended*** □***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.

For completed by: _____ Date: _____

Phone: _____