



## Teacher/Principal Confidential Reference Grades 1-12

*(To help us make a prayerful and intelligent selection and placement of your child, we must learn as much as possible about him/her. Please give this form to your child's school teacher/principal)*

**Teacher/Principal Filing Recommendation:** Please answer all questions. If an answer to a question is not known or not applicable, please state so. We appreciate the time and effort given to responding to this inquiry. **Please complete this form and return it within 5 days directly to Fresno Christian Schools at the above address.**

Student's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Teacher's Name \_\_\_\_\_ School \_\_\_\_\_

How long and in what circumstances have you known the applicant?

Please comment on the applicant's attitude towards school.

To your knowledge has the applicant had any history of involvement with drugs, alcohol, or been a serious discipline case?

Does the candidate have any history of learning disabilities or has he/she required any special assistance to meet academic requirements?

Please circle the number in the following categories that best rates this student when comparing him/her to other students his/her age:

	Poor		Average		Excellent
Academic Potential	1	2	3	4	5
Academic Achievement	1	2	3	4	5
Emotional Stability	1	2	3	4	5
Personal Integrity	1	2	3	4	5
Conduct	1	2	3	4	5
Concern for Others	1	2	3	4	5
Leadership Ability	1	2	3	4	5
Initiative	1	2	3	4	5
Work Habits	1	2	3	4	5

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ School \_\_\_\_\_



## Pastor/Sunday School Teacher Confidential Reference

*(To help us make a prayerful and intelligent selection and placement of your child, we must learn as much as possible about him/her. Please give this form to your child's Pastor/Sunday School Teacher)*

The family listed below has applied for admission for their child to Fresno Christian Schools.

**Pastor/Sunday School Teacher Filing Recommendation:** The school's admission policy requests that parents submit a recommendation from their pastor or Sunday school teacher. Your honest assessment of this student will be held in complete confidence. It will only be used only for the purpose of admission and placement. **Please complete this form and return it within 5 days directly to Fresno Christian Schools at the above address.**

Family Name \_\_\_\_\_

Child Name \_\_\_\_\_

1. Is this family a member of your congregation?  Yes  No
2. Do they attend worship services on a regular basis?  Yes  No
3. Are they active participants in the church program/activities?  Yes  No
4. Do you recommend this family for admission to Fresno Christian Schools?  Yes  No  Yes with reservations
5. Please comment briefly on any negative responses to the above questions:

**Additional Evaluation Grades 3 - 12:** Please respond to the following categories as related to the candidate. Circle the number in the following categories that best rates this student when comparing him/her to other students his/her age:

	Poor		Average		Excellent
Interest in things of God	1	2	3	4	5
Leadership ability	1	2	3	4	5
Emotional stability	1	2	3	4	5
Personal integrity	1	2	3	4	5
Conduct	1	2	3	4	5
Concern for others	1	2	3	4	5
Spiritual fervor	1	2	3	4	5
Overall character	1	2	3	4	5

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Church \_\_\_\_\_



## Preschool Teacher / Principal Confidential Reference (for Kindergarten Applicants Only)

*(Please complete and return with your Application for Admission)*

Student's Name \_\_\_\_\_ Teacher \_\_\_\_\_

School \_\_\_\_\_

**Parent/Guardian:** To help us make a prayerful and intelligent selection and placement of your child, we must learn as much as possible about him/her. Please give this form to your child's preschool teacher.

**Person Completing Recommendation:** Please answer all questions in detail. We appreciate the time and effort given to responding to this inquiry.

1. How long and in what circumstances have you known the applicant?
2. Please comment on the child's attitude and interest in school.
3. Can the child work independently for 20 minutes or longer? Explain in detail.
4. How well can the child sit still and focus during carpet time?
5. Does the child play well with other children? (Ex: kind to others, aggressive behavior.)
6. Is the child interested in academic learning or still just wanting to play?
7. Does the child obey and respect all adult?

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_