

# Providence Christian School

5416 Providence Road

Riverview, FL 33578

Tel (813) 661-0588 ♦ Fax (813) 681-3852

## Secondary Student Reference

**Student** \_\_\_\_\_ **Grade Entering** \_\_\_\_\_

**Parent:** Write the student's name and grade entering on all five forms. Send them to two of his/her most recent teachers, one to the most recent principal, assistant principal, or guidance counselor, one to the student's most recent Pastor or Youth Pastor, and one may be filled out by you. It is best if you give a self-addressed envelope with the school's name and address to the person filling out this form.

**Evaluator:** We would appreciate your impressions of the applicant. Please complete the information below then mail this form directly to Providence Christian School (Attn: Administrator). This information will be kept confidential and will be used to help determine whether or not Providence Christian School is a suitable school for the applicant. Thank you for your cooperation.

Please circle the number that best describes the applicant.

**Scale:**      **5** - Excellent      **4** - Good      **3** - Average      **2** - Fair      **1** - Poor      **0** - Not known

Responsibility	5	4	3	2	1	0
Reliability	5	4	3	2	1	0
Orderliness	5	4	3	2	1	0
Cooperation	5	4	3	2	1	0
Attitude toward Opposite Sex	5	4	3	2	1	0
Honesty	5	4	3	2	1	0
Humility	5	4	3	2	1	0
Attitude	5	4	3	2	1	0
Appearance	5	4	3	2	1	0
Emotional Stability	5	4	3	2	1	0

Additional Comments: \_\_\_\_\_

Do you know of any specific problem the student has which would hinder learning? \_\_\_\_\_

In what capacity have you known the student? \_\_\_\_\_ How Long? \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

Church \_\_\_\_\_ Date \_\_\_\_\_