



# Character Confidential Reference

(Gr. 1-12)

Applicant Information (to be completed by applicant):

Student Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

**Dear Pastor/Youth Leader:**

The above named student is applying for admission to GHCA and has given your name as a reference and will not be interviewed until we receive your evaluation. The parents/guardians have signed a waiver at the bottom relinquishing their right to read this reference. In the case of younger applicants, we realize a pastor or youth leader may not be truly familiar with a child's spiritual or social development. In these cases we are primarily seeking to get a feel for the family's connection and involvement at a local church. Feel free to omit any questions that are not applicable for a younger child. Thank you for information you can provide.

**If you wish to discuss this student personally rather than complete this form, please check here , and on the back side at the bottom please print your name and note your telephone number.** You will be contacted by an administrator.

1. How long have you known the student and in what capacity? \_\_\_\_\_
2. How well do you know this student and his/her family? \_\_\_\_\_
3. How often does the student attend your church?  frequently  often  occasionally  seldom  never
4. Has the student expressed personal faith in Christ?  yes  no  unknown
5. Does the student demonstrate good moral character?  yes  no  unknown
6. Has the student been involved in disruptive conduct in your own church or youth group?  yes  no  unknown
7. Does this student attend any of your church programs (e.g., Sunday school, youth group, religious ed., children's programs, etc.) on a regular basis?  yes  no  unknown
8. What ministries of your church has the student been involved with (older students only)? \_\_\_\_\_
9. What do you consider the student's positive qualities? \_\_\_\_\_
10. What areas need attention or growth? \_\_\_\_\_
11. Do you believe he/she will be a positive addition to SCS? \_\_\_\_\_

Please sign and either mail in the enclosed envelope or fax to the GHCA Head of School (FAX 207-532-9553). Please feel free to include any additional information; you may indicate below your signature that you would prefer a call. Thanks for your assistance!

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Call me at this phone: \_\_\_\_\_ Church: \_\_\_\_\_

**PARENT/GUARDIAN AFFIRMATION**

I/We hereby authorize Greater Houlton Christian Academy to contact schools and other sources to obtain information to support our application(s) and I/we will not seek access to confidential recommendation and evaluation materials before or after the admission decision is made. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Schenectady Christian School for that purpose.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



# Educator Confidential Reference

(Gr. 1-12)

Applicant Information (to be completed by applicant):

Student Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

**Dear Teacher/Guidance Counselor/School Administrator:**

The above named student is applying for admission to Greater Houlton Christian Academy and has given your name as a reference and will not be interviewed until we receive your evaluation. The parents/guardians have signed a waiver at the bottom of this form relinquishing their right to read this reference. Thank you for providing any information you might have that would be of assistance.

▶ **If you wish to discuss this student personally rather than complete this form, please check here , and on the back side at the bottom please print your name and note your telephone number.** You will be contacted by an administrator.

Areas	Rating	Comment
<b>Academic Ability</b>	<input type="checkbox"/> Excellent student; top 10% of the class <input type="checkbox"/> Good student, second 10% <input type="checkbox"/> Average student <input type="checkbox"/> Low or marginal student	
<b>Integrity</b>	<input type="checkbox"/> Outstanding; exceptionally trustworthy <input type="checkbox"/> Honest, no reason to question <input type="checkbox"/> Weak or questionable <input type="checkbox"/> Record of dishonesty	
<b>Industry</b>	<input type="checkbox"/> Hard worker, self-starter <input type="checkbox"/> Good-dependable worker <input type="checkbox"/> Works just enough to get by <input type="checkbox"/> Lazy, needs constant supervision	
<b>Obedience</b>	<input type="checkbox"/> Responds well to authority <input type="checkbox"/> Usually obedient <input type="checkbox"/> Resents authority but usually compliant <input type="checkbox"/> Rebellious	
<b>Altruism</b>	<input type="checkbox"/> Sees a need and meets it; shows inner concern for others <input type="checkbox"/> Will act on behalf of others when asked <input type="checkbox"/> Must be strongly encouraged to accommodate others <input type="checkbox"/> Self-centered; unconcerned about others	
<b>Social Skills</b>	<input type="checkbox"/> Exceptional <input type="checkbox"/> Will act on behalf of others when asked <input type="checkbox"/> Must be strongly encouraged to accommodate others <input type="checkbox"/> Self-centered; unconcerned about others	

We would appreciate receiving your answers to the following questions. Please explain any affirmative answers to questions 2-4; feel free to use the back of this form if necessary.

1. How long have you known the student and in what capacity? \_\_\_\_\_

2. Does the student have any outstanding abilities or deficiencies not covered by above categories?  Yes  No

\_\_\_\_\_

\_\_\_\_\_

3. Does the student have any significant limitations that affect school performance?  Yes  No

\_\_\_\_\_

\_\_\_\_\_

4. Have the parents been cooperative with the school in the training and education of their child?  Yes  No

5. Has the student ever been referred to the school administration for disciplinary action? If so, please explain:  Yes  No

6. Does the applicant have a history of:

Use of tobacco	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Use of alcoholic beverages	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Use of illegal drugs/substances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Sexual promiscuity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

7. Is the student in good standing and eligible to re-enter your school if you offer the next grade level?  Yes  No  
If not, please explain:

8. In your best judgment, how do you rate this student's prospects of being a positive asset to Schenectady Christian School?

excellent  good  average  mediocre  poor

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please sign and either mail in the enclosed envelope or fax to the GHCA Head of School (FAX 207-532-9553). Please feel free to include any additional information; you may indicate below your signature that you would prefer a call. Thanks for your assistance!

\_\_\_\_\_  
Educator Name

\_\_\_\_\_  
Title

Please call me at: \_\_\_\_\_

\_\_\_\_\_  
School Name

**PARENT/GUARDIAN AFFIRMATION**

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\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date