

FULL NAME OF APPLICANT: _____

GRADE: _____

Reference completed by: (please check one)

Minister Youth Minister Other _____

How long have you known the student? _____

1) How often/when does the applicant attend church?

	SUN. MORN	SUN. EVE	MID-WEEK
<input type="checkbox"/> Over 8 times/month	_____	_____	_____
<input type="checkbox"/> About 6 times/month	_____	_____	_____
<input type="checkbox"/> About 4 times/month	_____	_____	_____
<input type="checkbox"/> Once or twice/month	_____	_____	_____
<input type="checkbox"/> Rarely or never	_____	_____	_____

2) Please describe the church activities in which this applicant participates: (choir, youth group, Bible study, etc.) _____

3) What is the applicant's personal Christian commitment as you perceive it?

Applicant is deeply committed to Christ
 Applicant is passively interested in his/her faith
 Moderately interested in religion
 No knowledge

4) In your opinion, the applicant's character is:

Very trustworthy
 Generally trustworthy
 Needs watching
 Habitually dishonest

5) In your opinion, the applicant's strength of character is:

Forceful, resolute
 Moderately determined
 Easily influenced
 Weak and subordinate

6) In your opinion, the applicant's emotional stability is:

Exceptionally stable
 Usually well-balanced
 Somewhat excitable
 Very excitable

7) In your opinion, applicant's choice of friends influences him/her to:

Consistently seek to do good
 Generally be honest and do what is right
 Sometimes do what is wrong, and sometimes what is right
 Do wrong deeds, hoping to get away with them

8) What would a Christian school have to offer this student that would meet his/her needs? _____

9) What qualities does this student have that would add positively to Sonrise Christian School? _____

10) If you were responsible for a Christian school, would you accept this application?

YES NO Please comment: _____

11) Have you ever known the applicant to smoke, drink, or use illegal drugs?

YES NO If yes, please comment: _____

12) This applicant's conduct with peers of the opposite sex is:

Appropriate
 Aggressive
 Immature
 Other concerns (please comment on the reverse side)

Please add any additional comments you feel to be important in consideration of this application on the other side of this sheet. Please note if you would like to discuss this recommendation by phone.

Please call me at the number listed below.

Signature _____

Date _____

Address _____

Phone # _____