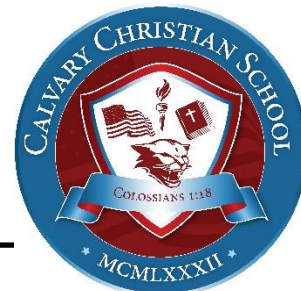


# Calvary Christian School

748 Spainhour Rd. King, NC 27021 336-983-3743 FAX: 336-983-8426

[www.calvarychristianschool.org](http://www.calvarychristianschool.org)



## CONFIDENTIAL TEACHER REFERENCE FORM (for students entering 7-12<sup>th</sup> grades)

**TO THE PARENT or STUDENT:** Please complete the first section of this form (immediately below) and give it to one of your **core-subject school teachers** last year (not Sunday school). Please note that your applicant cannot be considered for enrollment until this reference form has been returned to CCS.

Student's Name \_\_\_\_\_ Entering grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**TO THE TEACHER:** The student named above is a candidate for enrollment at Calvary Christian School of King, NC This student's acceptance cannot be finalized until we receive this referral from you, so your prompt response will be much appreciated. All information provided on this form will be kept in the **strictest confidence**. **Thank you for your time and assistance.**

This form may be completed by **any core-subject teacher** who has taught this applicant in school **within the last year**. Please answer each question/statement as accurately as possible.

1. In what grade(s) and/or subjects have you been the applying student's teacher? \_\_\_\_\_

2. How long have you known the applying student? \_\_\_\_\_ How well do you know him/her? \_\_\_\_\_

3. As a student, is he/she **superior**, **above** average, **average**, **below** average, or **deficient** in the following areas:

Performance (grades) \_\_\_\_\_ Homework \_\_\_\_\_ Motivation \_\_\_\_\_ Attitude \_\_\_\_\_ Behavior \_\_\_\_\_

Respect for Authority \_\_\_\_\_ Self-Esteem \_\_\_\_\_ Honesty \_\_\_\_\_ Language \_\_\_\_\_ Responsibility \_\_\_\_\_

4. Are the parents supportive of the teacher and school? \_\_\_\_\_ Comments: \_\_\_\_\_

5. What are the applying student's greatest strengths in your opinion? \_\_\_\_\_

6. Does the applying student have special academic needs? \_\_\_\_\_

7. How highly do you recommend this student?  enthusiastically  strongly  fairly strongly  with reservation

**If you answered, "with reservation", please explain:** \_\_\_\_\_

8. Additional Comments: \_\_\_\_\_

\_\_\_\_\_ (Use back if needed)

### TEACHER'S INFORMATION:

Your Signature: \_\_\_\_\_ Date \_\_\_\_\_

Your name printed: \_\_\_\_\_

School Name: \_\_\_\_\_ Phone \_\_\_\_\_

School Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please return this form within one week to Calvary Christian School by MAIL, FAX or EMAIL**

Calvary Christian School, 748 Spainhour Rd. King, NC 27021 (Attn: Mr. Main); FAX: 336-983-8426; [ccking@ccking.org](mailto:ccking@ccking.org) )

**PLEASE DO NOT RETURN THIS CONFIDENTIAL REFERRAL TO THE STUDENT**