

Confidential Academic Reference Form

Reference must personally return this form directly to Berean Christian School

Student Name: _____ Entering Grade: _____
 Parent's Signature: _____ Date: _____

Parent Information:

Complete the above information on each form. Give one to the student's current teacher and one to a different teacher, principal, or school administrator. By doing so, you understand that the information requested is confidential and that you waive the right to read this reference.

Evaluator:

This student is seeking admission to Berean Christian School. The student may not be reviewed for admission until this confidential information has been received. When you have completed this form, please forward it to the Director of Admissions in one of the following manners:

➤ Mail form directly to the following address:

Berean Christian School
 Director of Admissions
 8350 Okeechobee Boulevard
 West Palm Beach, FL 33411
 Fax form with a cover page to Director of Admissions at 561.792.3073 (Phone: 561.798.9300)

Please check here if you wish to discuss this student personally rather than complete this form. Sign the form below and note your telephone number. The Director of Admissions will call you.

Quality	Excellent	Good	Average	Fair	Poor	Unknown
Responsibility/Reliability						
Personal Integrity						
Mental Ability						
Initiative and Originality						
Orderliness						
Cooperation						
Leadership						
Respect for Authority						
Honesty						
Humility						
Attitude						
Appearance / Cleanliness						
Emotional Stability						
Reading Level						
Activity in Christian Service						

What do you consider the student's strong points? _____

What do you consider the student's weak points? _____

In what capacity have you known the student? _____ How long? _____

Additional Comments (Use the back of this form if necessary) _____

Signature: _____ Title: _____
 Print Name: _____ School: _____
 Phone: _____ Address: _____

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www.bcsbulldogs.org