

# STUDENT RECOMMENDATION - GRADES 9-12

## STUDENT INFORMATION

STUDENT'S NAME \_\_\_\_\_

GRADE APPLYING FOR \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CITY / STATE / ZIP CODE \_\_\_\_\_

THE RESPONDENT INFORMATION BELOW IS TO BE COMPLETED BY A PREVIOUS TEACHER, PRINCIPAL, OR SCHOOL COUNSELOR. THIS FORM IS TO BE MAILED—BY THE RESPONDENT—DIRECTLY TO NASHVILLE CHRISTIAN SCHOOL'S OFFICE OF ADMISSIONS. RECOMMENDATIONS WILL BECOME CONFIDENTIAL PROPERTY OF NASHVILLE CHRISTIAN AND ARE NOT SUBJECT TO APPLICANT, PARENT, OR GUARDIAN REVIEW.

PARENT'S / GUARDIAN'S SIGNATURE / DATE \_\_\_\_\_

## TEACHER, PRINCIPAL, OR SCHOOL COUNSELOR:

THE ABOVE STUDENT HAS APPLIED FOR ADMISSION TO NASHVILLE CHRISTIAN SCHOOL AND HAS SUBMITTED YOUR NAME AS A REFERENCE. PLEASE COMPLETE THIS FORM AND MAIL IT TO THE ADMISSIONS OFFICE AT NASHVILLE CHRISTIAN SCHOOL. YOUR HELP IN OUR EVALUATION OF THIS APPLICANT WILL BE GREATLY APPRECIATED, AND THE INFORMATION WILL BE KEPT IN STRICT CONFIDENCE.

MAIL DIRECTLY TO: NASHVILLE CHRISTIAN SCHOOL - ATTENTION ADMISSIONS OFFICE / 7555 SAWYER BROWN ROAD / NASHVILLE, TN 37221-1210

RESPONDENT'S NAME \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_  
\_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_

TITLE OR RELATIONSHIP TO APPLICANT \_\_\_\_\_

HOW LONG HAVE YOU KNOWN APPLICANT? \_\_\_\_\_

HAS APPLICANT EVER BEEN SUSPENDED OR EXPELLED?  YES  NO

IF YES, PLEASE EXPLAIN. \_\_\_\_\_  
\_\_\_\_\_

HAS APPLICANT EVER RECEIVED MODIFICATIONS OR BEEN PLACED ON AN IEP?  YES  NO

TO YOUR KNOWLEDGE, HAS APPLICANT HAD ANY HISTORY OF PHYSICAL OR EMOTIONAL PROBLEMS?  YES  NO

IF YES, PLEASE EXPLAIN. \_\_\_\_\_  
\_\_\_\_\_

WILL APPLICANT BE PERMITTED TO RE-ENROLL AT YOUR SCHOOL?  YES  NO

IF NO, PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

PLEASE INDICATE TO WHAT DEGREE YOU RECOMMEND THE APPLICANT:

- ENTHUSIASTICALLY  CONFIDENTLY  WITH RESERVATION  
 DO NOT RECOMMEND

## APPLICANT'S ACADEMIC & PERSONAL QUALITIES

PLEASE USE THE FOLLOWING SCALE TO EVALUATE THE STUDENT ON INDIVIDUAL QUALITIES: 1 – BELOW AVERAGE, 2 – AVERAGE, 3 – ABOVE AVERAGE, 4 – OUTSTANDING, 5 – N/A

STUDY HABITS \_\_\_\_\_

STUDY SKILLS \_\_\_\_\_

CLASSROOM PARTICIPATION \_\_\_\_\_

CLASSROOM BEHAVIOR \_\_\_\_\_

ATTENTIVENESS IN CLASS \_\_\_\_\_

ACADEMIC POTENTIAL \_\_\_\_\_

CONCERN FOR OTHERS \_\_\_\_\_

RESPECT FOR PROPERTY \_\_\_\_\_

LEADERSHIP \_\_\_\_\_

RESPECT FOR AUTHORITY \_\_\_\_\_

CHRISTIAN COMMITMENT \_\_\_\_\_

PERSONAL INTEGRITY \_\_\_\_\_

RELATION TO TEACHERS/ADULTS \_\_\_\_\_

ARE THERE ANY PROBLEMS INVOLVING THE APPLICANT ABOUT WHICH WE SHOULD BE ALERTED?  YES  NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

TO YOUR KNOWLEDGE, HAS APPLICANT HAD ANY HISTORY OF INVOLVEMENT WITH ALCOHOL, DRUGS, OR JUVENILE DELINQUENCY?  YES  NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

PLEASE GIVE ANY ADDITIONAL COMMENTS THAT YOU FEEL MAY BE RELEVANT. \_\_\_\_\_  
\_\_\_\_\_

RESPONDENT'S SIGNATURE / DATE \_\_\_\_\_