

CAPITAL CHRISTIAN SCHOOL

9470 Micron Avenue – Sacramento, CA 95827 – (916) 856-5600

Preschool (916) 856-5630 – Elementary (916) 856-5633 – Middle School (916) 856-5622 – High School (916) 856-5611

TEACHER REFERENCE FORM

(To be completed by a present or recent teacher of the student)

Applying for grade _____

_____ is applying for admission to Capital Christian School. In order for us to properly evaluate the applicant, please answer the following questions to the best of your knowledge. Your comments will be held in strict confidence.

How long have you known the applicant? _____

Do you know of any honors or unusual achievements received by the applicant?

If so, please list them: _____

Do you know of any illness or handicap, physical or emotional, which might limit the applicant's participation in the full-range of school activities?

If so, please comment: _____

(Please place a check in the appropriate box after each statement)

How much supervision do you think the applicant needs?

Constant:	Frequent:	Occasional:	Minimal:
-----------	-----------	-------------	----------

Among students you have known, how would you rank the applicant academically?

Upper 10%:	Upper 25%:	Average:	Lower 25%:	Lower 10%:
------------	------------	----------	------------	------------

How would you rank the applicant in each of these areas?

	Superior	Good	Average	Poor
General Personality				
Character and Integrity				
Emotional Stability				
Manners				
Sociability				
Cooperativeness				
Leadership Qualities				

What are the applicant's primary interests?

Artistic:	Intellectual:	Religious:	Athletic:	Literary:	Scientific:	Drama:	Musical:	Social:
Other (Please Specify):								

Please make any additional comments you feel might be of interest or value: _____

Print Name _____ Title _____

Signature _____ Date _____

Name of School _____ Phone # _____