Ozark Adventist School

REFERENCE FORM

(Applicant, please give these forms to your church pastor, former principal, teacher, and/or Sabbath School leader. References are required prior to registration.)

****IMPORTANT** Person completing form; this form must be sealed in envelope or emailed to registrar.oas@gmail.com, or faxed to 479-279-8701 to ensure confidentiality.**

STUDENT NAME: _____ Date: _____

Please give the applicant a rating of 1-12 on each of the characteristics below. Place rating number in the extreme right column. If you are unable to make a judgment, place a "?" in the rating column. This information will be confidential for use in admissions and will not be available for student's review.

Characteristics	1 2 3	4 5 6	7 8 9	10 11 12	SCORE
1. Health	Weak, Often Incapacitated	Low Vitality	Good, Average Health	Vigorous Health	
2. Personal Appearance	Undesirable	Careless	Neat, Clean	Well Groomed	
3. Influence Upon Associates	Detrimental	Passive	Helpful	Strong Influence For Good	
4. Integrity	Frequently Dishonest; Steals And/Or Cheats	Questionable At Times	Basically Honest	Consistently Honest And Trustworthy	
5. Friendships	Chooses Friends Of Detrimental Influence	Careless In Choice Of Friends	Usually Discriminates	Chooses Friends W/ High Standards	
6. Social Relationships	Disliked	Small Circle of Friends	Generally Well Liked	Exceptionally Well Liked	
7. Judgment	Poor Sense Of Values	Jumps To Conclusions	Uses Good Common Sense	Uses Very Good Judgment	
8. Reliability, Trustworthiness	Often Irresponsible	Must Be Supervised	Dependable	Conscientious And Reliable	
9. Industry	Lazy	"Gets By"	Works Well	Ambitious	
10. Cooperation	Self-Centered	Cooperates At Times	Cooperative	Always Tries To Please	
11. Emotional Stability	Tense, Excitable, Loses Control	Occasionally Too Emotional, Moody	Fairly Well-Balanced	Self-Controlled, Serene, Happy	
12. Spiritual Interest	Negative	Passive	Participates	Active, Leader	
13. Intellectual Ability	Below Average	Average	Above Average	Superior	
14. Parent's Financial Responsibility	Poor Risk – School Bills Not A Priority	Family Is Frugal, But Can't Make Ends Meet	Account May Lag, But They Will Pay	Accounts Kept Current	

To your knowledge, has the applicant used any of the following? Alcohol _____ Tobacco _____ Illegal Drugs _____

Please note any disciplinary action, censure, suspension, expulsion, arrest, or probation that the applicant has experienced.

_____

How long have you known the applicant? _____ In what relationship? _____

Other Comments: (Please use the back of this page.)

_____ _____ _____
Name (Please Print) Date Phone Number

_____ _____ _____ _____
Address City State Zip Code