



NEW STUDENT RECOMMENDATION FORM

Note: No recommendation should come from family members or friends. This form should be returned to the office within five (5) days.

The first recommendation must come from your student's current teacher. The second recommendation must come from a previous teacher, a guidance counselor, or a pastor.

Student's Name _____ Applying for Grade _____

To Whom It May Concern:

The above named student is applying for admission to Napa Christian Campus of Education. Please fill out the following information and return it to us as soon as possible. Thank you for your assistance.

How many years have you known this applicant? 1–2 years 3–4 years 5+ years

When was the last interaction with the applicant? Current Months ago 1+ year

In what capacity have you known the applicant? Current Teacher Previous Teacher Guidance Counselor Pastor

How would you rate the applicant in the following areas?

	Very Good	Good	Average	Poor
Christian Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindness and Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To your knowledge, has the applicant repeated a grade? Yes No

To your knowledge, has the applicant been suspended, expelled, or asked to withdraw from school, arrested, or on probation? Yes No

If yes, explain _____

Do you recommend this student? Yes, without reservation Yes, with reservation No, not at this time

General comments: (please list strengths and weaknesses) _____

Signature _____ Telephone _____ Date _____

Name (please print) _____ Position _____

Address _____ City _____ State _____ Zip _____