

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 479-736-3280 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 _____