



1215 Ethel Street NW
 Olympia, WA 98502
 p. (360) 352-1831 f. (360) 352-1195

RECOMMENDATION FORM

NOTE: This form is to be filled out by a pastor, teacher, or administrator, but not a member of the student's family.

_____ (Name of Student) is applying for admission to grade _____ at Olympia 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. Mail or fax the completed form to the above address.

How long have you known the applicant and in what capacity? _____

Do you know of any honors received by the applicant or has the applicant achieved anything unusual? _____

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? _____

How much supervision do you think the applicant needs?

Constant _____ Frequent _____ Occasional _____ Minimal _____

Among pupils you have known, how you would rank the applicant as a student:

Upper 10% _____ Upper 25% _____ Average _____ Lower 25% _____ Lower 10% _____

Place a checkmark in the appropriate space for each statement:

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

Please circle the applicant's primary interests:

Artistic Intellectual Religious Athletic Literary
 Scientific Dramatic Musical Social
 Other (specify) _____

Do you personally recommend the applicant? Yes _____ Yes, with Reservations _____ No _____

Please make any additional comments you feel might be of interest or value: *(please use reverse)* _____

Signed by: _____ Date: ____/____/____

Title: _____ Phone: (____) _____



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