



**Washington Conference of Seventh-day Adventists**  
**Buena Vista Seventh-day Adventist School**

3320 Academy Dr SE, Auburn, WA 98092 \* (253) 833-0718

**Note: This form must be filled out by a recent teacher. The other forms can be completed by a pastor, coach, or school administrator, but not a member of the student's family.**

\_\_\_\_\_ is applying for admission to grade \_\_\_\_\_ at Buena Vista SDA School. 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. Please fold, stamp, and mail directly to Buena Vista. Thank you.

How long have you known the applicant? \_\_\_\_\_ 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 check in the appropriate space after each question:

	Excellent	Above Average	Average	Below Average	Poor	No Information
Character and Integrity						
Leadership Qualities						
Ability to get along with others						
Attitude toward authority						
Influence on others						
Choice of associates						
Work habits						
Intellectual Ability						
Honesty						
Resourcefulness						
Cooperativeness						
Health						

Please check 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: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name (please print) \_\_\_\_\_ Phone: \_\_\_\_\_