

Miami Christian School
200 N.W. 109th Ave. Miami, FL 33172
Ph: (305)221-7754 Fax: (305)221-7783

Admissions Office

SCHOOL REFERENCE
SECONDARY (Grades 6-12)

Student: _____
 Parent's Signature: _____

Grade Entering _____
 Date _____

The above student has made application for admission to Miami Christian School. Your name was given as a reference. Please evaluate this individual in the areas indicated below. If you do not feel qualified to evaluate any of these areas, simply omit that portion of the form. Please fax this completed form to us as soon as possible and mail the original to the above address. Thank you.

Please rank each trait as follows:

- 5 = Outstanding, exemplary
- 4 = above average
- 3 = average or acceptable
- 2 = below average
- 1 = poor, weak
- n = no opportunity to observe this area

QUALITY	5	4	3	2	1	n
CHARACTER						
Honesty						
Initiative						
Moral behavior						
Respect for peers						
Respect for authority						
ACADEMIC QUALITIES						
Overall ability						
Works to potential						
Reading level						
Mathematic aptitude						
Begins work promptly						
Completes assignments						
Follows directions						
Classroom conduct						

Please see reverse side =>

SPIRITUAL EVALUATION

1. To the best of your knowledge, does the applicant know Jesus Christ as his/her personal Savior?

- Yes No Unsure

2. How important would you say that the applicant’s relationship to God is to him/her?

- Very Somewhat Not Important Not a factor at all

3. Is the applicant’s behavior generally consistent with his/her testimony?

- Always Usually Seldom

4. How many times per month does the applicant attend church?

- 4 or more 2-3 Once Less than once per month

5. To your knowledge, has the applicant ever used illegal drugs or prescription drugs not prescribed for him/her?

- Yes No Unsure

6. Would this student be accepted for re-enrollment at your school?

- Yes No Undecided

Comments _____

Print Name _____

Print Title/Position _____

Signature _____

Date _____