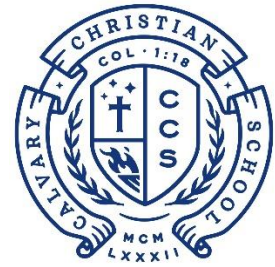


# Calvary Christian School

536 Main St. King, NC 27021 336-983-3743 FAX: 336-983-8426

[ccsking.org](http://ccsking.org)



## CONFIDENTIAL PRINCIPAL REFERENCE FORM *(for students entering 6-12<sup>th</sup> grades)*

**TO THE PARENT or STUDENT:** Please complete the first section of this form (immediately below) and give it to the principal of the school attended last year. Please note that your student cannot be considered for enrollment until this reference form has been returned to CCS.

Student's Name \_\_\_\_\_ Entering grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**TO THE PRINCIPAL:** The student named above is a candidate for enrollment at Calvary Christian School of King, NC. This student's acceptance cannot be finalized until we receive this referral from you, so your prompt response will be much appreciated. All information provided on this form will be kept in the **strictest confidence**. **Thank you for your time and assistance.**

This form must be completed by either the **principal** or **assistant principal** of the school last attended by the applicant (whoever is the most familiar with the applicant's record while at that school.) Please answer each question/statement as accurately as possible.

1. How long have you known the applying student? \_\_\_\_\_ How well do you know him/her? \_\_\_\_\_

2. Does this student show evidence of good character? \_\_\_\_\_

3. Does this student have a cooperative spirit? \_\_\_\_\_ If No, please explain: \_\_\_\_\_

4. Has this student ever been suspended? \_\_\_\_\_ If yes, please explain the infraction: \_\_\_\_\_

5. Has this student been expelled? \_\_\_\_\_ If yes, please explain the infraction: \_\_\_\_\_

6. Does the applying student have special academic needs? \_\_\_\_\_

7. How highly do you recommend this student? ☐ enthusiastically ☐ strongly ☐ fairly strongly ☐ with reservation

If you answered, "with reservation", please explain: \_\_\_\_\_

8. Additional Comments: \_\_\_\_\_

\_\_\_\_\_ (Use back if needed)

### PRINCIPAL'S INFORMATION:

Your Signature: \_\_\_\_\_ Date \_\_\_\_\_

Your name printed: \_\_\_\_\_

School Name: \_\_\_\_\_ Phone \_\_\_\_\_

School Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please return this form within one week to Calvary Christian School by MAIL, FAX or EMAIL**

Calvary Christian School, 536 S main St. King, NC 27021 (Attn: Mr. Nagel); FAX: 336-983-8426; [officeadmin@ccsking.org](mailto:officeadmin@ccsking.org)

**PLEASE DO NOT RETURN THIS CONFIDENTIAL REFERRAL TO THE STUDENT**