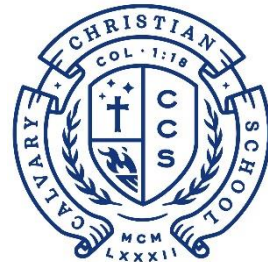


Calvary Christian School

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

www.ccsking.org



CONFIDENTIAL TEACHER REFERENCE FORM *(for students entering 6-12th grades)*

TO THE PARENT or STUDENT: Please complete the first section of this form (immediately below) and give it to one of your **core-subject school teachers** last year (not Sunday school). Please note that your applicant 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 TEACHER: 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 may be completed by **any core-subject teacher** who has taught this applicant in school **within the last year**. Please answer each question/statement as accurately as possible.

1. In what grade(s) and/or subjects have you been the applying student's teacher? _____

2. How long have you known the applying student? _____ How well do you know him/her? _____

3. As a student, is he/she **superior**, **above** average, **average**, **below** average, or **deficient** in the following areas:

Performance (grades) _____ Homework _____ Motivation _____ Attitude _____ Behavior _____

Respect for Authority _____ Self-Esteem _____ Honesty _____ Language _____ Responsibility _____

4. Are the parents supportive of the teacher and school? _____ Comments: _____

5. What are the applying student's greatest strengths in your opinion? _____

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)

TEACHER'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)

PLEASE DO NOT RETURN THIS CONFIDENTIAL REFERRAL TO THE STUDENT