
P E R S O N A L R E F E R E N C E

Community Christian School

Student's name	Applying for grade
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How long have you known the applicant?
What is your relationship to this the applicant?

According to your personal experience, please rate this applicant:

	weak	average	above average	superior	unknown
ability to get along with peers					
creativity					
emotional stability					
independence					
physical health					
respect for authority					
self-control					

On the basis of your personal knowledge of the applicant:

- I recommend this applicant without reservation.
- I recommend this applicant with reservation.
- I cannot recommend this applicant at this time.

Additional comments, if desired:		
Signed		Date
Name (please print)		
E-mail address		Phone Number
Address		
City	State	Zip

Please note that this information will remain confidential.

**The completed reference form should be faxed to (850) 668-3966 or returned to Community Christian School,
4859 Kerry Forest Parkway, Tallahassee, FL 32309.**