STUDENT REFERENCE FORM
(Required for students entering grades 4-8)

WEST COVINA CHRISTIAN SCHOOL
763 N. Sunset Avenue
West Covina, CA 91790
(626) 962-7089 Fax (626)962-1589

Student Name: _____ Grade Entering_____ Date_____

Name of Person filling out form:_____ School:_____

TO BE FILLED OUT BY A SCHOOL PRINCIPAL, VICE PRINCIPAL OR TEACHER

The information contained in this request will be held in strict confidence, used and seen only by school authorities for application processing.

1. How long have you been associated with this student?_____

2. Approximately where does the applicant rank academically in your school?
   ☐ Top 10% ☐ Top Third ☐ Middle Third ☐ Lower Third

3. Has the student had any serious disciplinary problems? ☐ Yes ☐ No
   If yes, please explain_____

4. Does the student have learning or physical disabilities that affect school work? ☐ Yes ☐ No
   If yes, please explain_____

5. Cooperation from parents with school policies and personnel:
   - ☐ Active and constructive
   - ☐ Cooperative when called upon
   - ☐ Argumentative, critical, but cooperative
   - ☐ Non-cooperative
   - ☐ Not known

6. Financial obligations (Please check)
   - ☐ Parents meet financial obligations regularly
   - ☐ Parents need special consideration with financial arrangements
   - ☐ Not known

7. Special talents, gifts, or abilities that will make this student an asset. _____

8. PLACE A CHECK (✓) IN THE APPROPRIATE COLUMN

STUDENT RATING	Excellent	Good	Average	Below Average
Attendance at school				
Cooperation				
General Conduct				
Initiative				
Leadership				
Punctuality				
Sense of Responsibility				
Work and Study Habits				

9. **Relationship of Student to Parents (Obedience, Respectful, Loving, etc.)**

EXCELLENT	VERY FEW PROBLEMS	SOME PROBLEMS	MANY PROBLEMS	SERIOUS PROBLEMS	NOT KNOWN

10. **Habits (Smoking, Narcotics, Drinking, Language, Amusements, Driving Habits, etc.)**

NO PROBLEMS	VERY FEW PROBLEMS	SOME PROBLEMS	MANY PROBLEMS	SERIOUS PROBLEMS	NOT KNOWN

Please Explain:_____

Do you recommend this applicant for admission to West Covina Christian School?
☐ Most Highly ☐ With Confidence ☐ As Acceptable ☐ Not Recommended

_____
Signed Date Title

Other Comments:_____

PLACE
STAMP
HERE

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