

# Providence Christian School

5416 Providence Road

Riverview, FL 33578

Tel (813) 661-0588 ♦ Fax (813) 681-3852

## Elementary Student Reference

Student \_\_\_\_\_ Grade Entering \_\_\_\_\_

**Parent:** Write the student's name and grade entering on all three forms. Send one to the student's most recent teacher (if applicable), one to your pastor, and complete the other form yourself.

**Evaluator:** We would appreciate your impressions of the applicant. Please complete the information below. Then mail the form directly to Providence Christian School. (Attn: Administrator.) This information will be kept confidential and will be used to help determine whether or not Providence Christian School is a suitable school for the applicant. Thank you for your cooperation.

Please circle one that best describes the applicant.

**Scale:**      4 - Always      3 - Often      2 - Occasionally      1 - Never      0 - Not known

Stays seated when asked	4	3	2	1	0
Obeys without argument	4	3	2	1	0
Is quiet when asked	4	3	2	1	0
Is neat and organized	4	3	2	1	0
Is trustworthy	4	3	2	1	0
Follows directions well	4	3	2	1	0
Has a reasonable attention span	4	3	2	1	0
Can work without close supervision	4	3	2	1	0
Meets deadlines	4	3	2	1	0
Relates well with peers	4	3	2	1	0
Has balanced temperament	4	3	2	1	0
Respects authority	4	3	2	1	0
Is courteous	4	3	2	1	0
Enjoys learning	4	3	2	1	0

Additional Comments: \_\_\_\_\_

Do you know of any specific problem the student has which would hinder learning? \_\_\_\_\_

In what capacity have you known the student? \_\_\_\_\_ How Long? \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

Church \_\_\_\_\_ Date \_\_\_\_\_