

Chisago Christian School

Student Reference Grades 1 - 6

Name _____

Date _____

Grade Entering _____

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School Name _____

Telephone Number _____

Parent: Write the student's name and grade entering on both forms. Fill out one form yourself and have the other filled out by a recent authority figure (preferably a teacher, youth pastor, or principal).

Evaluator: We would appreciate your impressions of the applicant. Please complete the information below, and mail the form directly to **Chisago Christian School, 9387 Wyoming Trail, Chisago City, MN 55013**. This information will be kept confidential and will be used to help determine whether or not Chisago Christian School is a suitable school for the applicant. Thank you for your cooperation.

The Applicant: Please Check One	Never	Sometimes	Often	Always	Not Known
Stays seated when asked					
Is quiet when asked					
Is neat and organized					
Follows directions well					
Has a reasonable attention span					
Can work well without supervision					
Meets deadlines					
Relates well with peers					
Has balanced temperament					
Respects authority					
Is courteous					

Additional comments: _____

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

In what capacity have you known the student?

Name (please print)

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Phone Number

Signature

Occupation