

# Chisago Christian School

## Student Reference 7<sup>th</sup> grade – 12<sup>th</sup> Grade

Name \_\_\_\_\_

Date \_\_\_\_\_

Grade Entering

(   )   -

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
Is responsible					
Is reliable					
Is orderly					
Demonstrates cooperation					
Has a good attitude toward opposite sex					
Shows honesty / integrity					
Demonstrates humility					
Has a good attitude					
Adheres to dress code					
Respects authority					
Is emotionally stable					

**Additional comments:**

---



---



---



---

Continued on other side

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) ( ) - Phone Number

\_\_\_\_\_  
Signature Occupation