



*5000B Granite Creek Road
 Scotts Valley, California 95066
 831.438.0100*

MIDDLE SCHOOL STUDENT REFERENCE FORM

One of these forms is to be completed by a Pastor, an educator and by an adult family friend (not a relative). If you have no church affiliation, the form should be completed by another adult who is well acquainted with the applicant.

Name of Applicant: _____ Grade: _____

Address: _____ Phone: _____

The person named above is applying to Baymonte Christian School. Your cooperation in completing this reference form will be greatly appreciated. All information will be held in strict confidence. The completed form should be mailed to the school as soon as possible to facilitate the processing of the application. Please indicate on the following scale your opinion of the applicant's behavior and attitudes.

INITIATIVE			
	Actively Creative	Average Sometimes initiates	Depends on others
INDUSTRY			
	Exceeds assigned work	Completes assigned work	Lacks persistence
MENTAL ABILITY			
	Superior intelligence	Average comprehension	Slow to learn
RESPONSIBILITY			
	Conscientious	Usually dependable	Unreliable
COOPERATION			
	Works well with others	Occasionally joins in	Avoids group activities
CONCERN FOR OTHERS			
	Deeply & genuinely concerned	Some interest in helping others	Self-centered

SOCIAL ACCEPTABILITY _____
 Sought by others Liked by others Poorly adjusted to others

CONDUCT WITH OPPOSITE SEX _____
 Discreet Somewhat indiscreet Indiscreet

CHRISTIAN CHARACTER _____
 Sound, Consistent, Well-balanced Usually consistent Unstable

DISPOSITION _____
 Cheerful, Content Usually happy Easily depressed

EMOTIONAL STABILITY _____
 Stable under stress Good balance & self control Unresponsive, Apathetic

SELF RESPECT DRESS: _____
 In good taste Acceptable Untidy, Poor choice

PERSON: _____
 Immaculate Clean Careless

SPEECH: _____
 Careful Indifferent Loose, Incorrect

Please answer the following questions or comments on a separate piece of paper.

1. Comment on the family background of the applicant.
2. To your knowledge, does the applicant smoke or use alcohol or drugs? Yes No
 Has this been a problem in the past? Yes No
3. Do you have full confidence in his/her integrity? Yes No If not, please explain.
4. If you have a son or daughter, would you be willing to have the applicant as a friend to him or her? Yes No
5. Would you recommend the applicant as a desirable student for a Christian school? Yes No
6. From your contact with this individual, can you suggest anything which the school may do in a special way to help him/her get the greatest benefit from the school experience?

Your name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____