



*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: _____