

# Lincoln Christian School

## Personal Recommendation Form

This Personal Recommendation Form is to be filled out by an adult friend of the family.  
Recommendations from relatives will not be considered.

Applicant's Name: \_\_\_\_\_ Grade in 08/09: \_\_\_\_\_

**Parents:** Please print the applicant's name and grade to enter in 2008/2009 above, sign the waiver below, and provide a stamped envelope addressed to Lincoln Christian School, Enrollment & Service Center, P.O. Box 770, Tulsa, OK 74101-0770 to the person completing this form.

I release all such references from liability for any damage that may result from furnishing such evaluations of my child to Lincoln Christian School, and I waive any right that I have to inspect the references provided on my child's behalf.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** Each applicant seeking admission to Lincoln Christian School must submit recommendations. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully and return it directly to the Enrollment & Service Center of Lincoln Christian School within ten working days. This recommendation form can also be faxed to our Enrollment & Service Center at (918) 234-8152.

1. How long have you known the applicant? \_\_\_\_\_
2. Are you related to the applicant? \_\_\_\_\_
3. How well do you know the applicant? (Check one.)  
 Very close                       Fairly well  
 Casually                               By name/sight
4. To your knowledge, has the applicant made a personal commitment to Jesus Christ?  
 Yes                               No                               I don't know
5. Please check the terms which best describe the applicant's attitude toward the church and its activities:  
 Optimistic                       Pessimistic                       Consistent  
 Respectful                       Critical                               Inconsistent  
 Enthusiastic                       Passive                               Other \_\_\_\_\_
6. Please comment on the stability and atmosphere of the applicant's home life:  
\_\_\_\_\_  
\_\_\_\_\_

7. How do you rate this applicant in the following areas?

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Social Adaptability						
Cooperativeness						
Integrity and Honesty						
Responsibility						
Physical Health						
Initiative						
Character						
Emotional Stability						
Personal Stability						
Personal Appearance						
Leadership						
Responds to Authority						
Handles Correction						

8. In your opinion, what are the applicant's strong points: \_\_\_\_\_

\_\_\_\_\_

9. In your opinion, what are the applicant's weak points: \_\_\_\_\_

\_\_\_\_\_

10. Is the applicant's influence on his/her peers:  Positive  Negative  Neutral

11. Further comments you have regarding the applicant that would help our evaluation:

\_\_\_\_\_

\_\_\_\_\_

12.  I recommend.  I recommend with reservation.  I do not recommend.

Please print the information requested below:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_