

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 11/12: _____

Parents: Please print the applicant's name and grade to enter in 2011/2012 above, sign the waiver below, and provide a stamped envelope addressed to Lincoln Christian School, 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 Service Center of Lincoln Christian School within ten working days. This recommendation form can also be faxed to our 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. Applicant's influence on his/her peers is: Positive Neutral Negative

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: _____