



Confidential Administrator/Counselor Recommendation

Before proceeding, ensure release form located on the back of this sheet has been filled out and signed by an authorized parent.

Please complete this form and return it directly to Calvary Chapel Christian School.

Student's Name _____
 (First) (Middle) (Last)

Applying to Grade _____ for the 2009/2010 school year.

Please indicate your ratings by number in the right hand column. Use a question mark where you have insufficient evidence. Your candid estimate will be of invaluable assistance to the Admissions Committee and your comments will be held in strict confidence.

	1	2	3	4	5	Ratings
Academic Potential	Exceptionally promising student	Generally strong student	Average student, capable of satisfactory work	Below Average: __ marginal ability __ lacks motivation	Questionable candidate	
Personal Qualities	Outstanding: leads and participates	Generally strong	Average	Below average, immature	Very immature for age	
Emotional Stability	Exceptionally stable	Well balanced	Generally well balanced	__ excitable __ unresponsive __ distractible	__ hyper-emotional __ apathetic	
Summary	Outstanding	Above Average	Average	Below Average	Poor	

Please comment on the applicant's attitude toward school. _____

To your knowledge, has the applicant any history of involvement with drugs, alcohol, or juvenile delinquency? *If yes, please explain.* _____

Has the applicant ever been suspended or expelled *If yes, please explain.* _____

To your knowledge, has the applicant had any history of conduct or behavior problems? *If yes, please explain.* _____

Does the candidate have any history of learning disability or has he/she required any special help to meet academic requirements? *If yes, please explain.* _____

Additional comments, if needed. _____

Signature _____ Position/Title _____ Date _____

School Name _____ City _____ State _____ Phone # _____

CALVARY CHAPEL CHRISTIAN SCHOOL



Communication and Release of Information Authorization

I hereby authorize Calvary Chapel Christian School Administration to discuss in general or in detail the confidential information on my enrolling child's submitted "Letters of Recommendation" with the individual designated to complete the recommendation, as shown on the reverse side of this form. The recommendations may be discussed in person, in writing, through electronic mail or by means of telephone.

I will notify the designated individuals that I have given this authorization, and desire them to discuss any and all information presented to CCCS to further clarify my child's letters of recommendation. I realize that the designated individuals and CCCS will remain strictly confidential.

Date: _____

Student's Name _____

Birth Date _____

Print Parent Name _____

Parent Signature _____

Calvary Chapel Christian School
12808 Woodruff Avenue
Downey, CA 90242
Elementary/Jr. High Office 562.803.6556 • High School Office 562.803.4076
Fax 562.803.9916

*"As for God, His way is perfect; the Word of the LORD is proven; He is a shield to all who trust in Him."
2 Samuel 22:31*