



Joshua Christian Academy

Disciple Reference

STUDENT: _____ GRADE ENTERING: _____

PARENT'S SIGNATURE: _____ DATE: _____

Parent Instruction: Complete the above information on all forms. Please give one to the student's most recent teacher and one other to a different teacher, principal, coach, pastor, Sunday school teacher, etc. by doing so, you understand that the information requested is confidential and that you waive the right to read this reference.

Evaluator: This student is seeking admission to Joshua Christian Academy. The student may not be admitted until this confidential information has been received. When you have completed the form, please fax it directly to Registrar. **Please do not return this form to the parent.** Thank you for your promptness in this matter.

- Please check here if you wish to discuss this student personally rather than complete this form. Sign the form at the bottom and note your telephone number. A Guidance Counselor will call you.

| Quality | Excellent | Good | Average | Fair | Poor | Unknown |
|----------------------------|-----------|------|---------|------|------|---------|
| Appearance/Cleanliness | | | | | | |
| Attitude | | | | | | |
| Cooperation | | | | | | |
| Emotional stability | | | | | | |
| Honesty | | | | | | |
| Initiative | | | | | | |
| Leadership | | | | | | |
| Moral & Personal integrity | | | | | | |
| Orderliness | | | | | | |
| Respect for Authority | | | | | | |
| Responsibility/reliability | | | | | | |

Do you know of any specific problem the student has? _____

Would you accept the applicant as a returning student in your school next year? ___ Yes ___ No

Why? _____

Additional Comments: (Use the back of this page if more space is needed)

In what a capacity have you know the student? _____

Signature: _____ Title: _____

School: _____ Phone #: _____

Address: _____

Return this form to:
Joshua Christian Academy
Grades K to 12
Fax: (904) 388-2262