



STUDENT RECOMMENDATION FORM

NOTE: No recommendations should come from family members or friends. This form should be returned to the office within five days. The recommendation forms must be completed before a student is fully registered at Gateway Christian School.

INSTRUCTIONS: Applying students need three (3) recommendations; [a] student's current principal, vice principal or treasurer; [b] current teacher; [c] another teacher, a guidance counselor, or a pastor.

Student Name: _____ Applying for Grade: _____

The above named student is applying for admission to Gateway Christian School. Please complete this form and return as soon as possible to Gateway Christian School, 18440 US Highway 441, Mount Dora, FL 32757 or send by fax to: (352) 383-4140.

How long have you known the applicant? 1-2 years 3-4 years 5+ years
 When was your last interaction with the applicant? Current 1 year ago 2+ years
 In what capacity have you known the applicant? Current teacher Former teacher
 School administration Pastor

How would you rate the applicant in the following areas?

	Very Good	Average	Poor	Don't Know
Christian influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindness and Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To your knowledge, has the applicant repeated a grade? No Yes
 To your knowledge, has the applicant been suspended or dismissed from school, arrested or on probation? No Yes (If so, please explain – use back if more space is required)

Does the student have an unpaid tuition balance at school last attended? yes no

What are the first three words that come to mind to describe this student?

(1) _____ (2) _____ (3) _____

Do you recommend this student?

Yes, without reservation Yes with reservation No, not at this time

General Comments: (Please list strengths/weaknesses, etc. – use back if more space is required.)

Name (Please Print) _____ Signature _____ Date _____

Position _____ Organization Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____