

Ocala Christian Academy

1714 SE 36th Avenue
Ocala, Florida 34471
(352) 694-4178 - fax (352) 694-7192

RECOMMENDATION FORM

Pastor or Educator: Please fold, secure, stamp, and mail to the address above, or fax to the above-referenced number. If you desire to comment further in person, please call us at the above referenced number. Evaluation is not considered valid if completed by anyone other than a pastor or educator.

This confidential recommendation is submitted to you by the parent/guardian of: _____ . This student has applied for admission to our school.

Thank you in advance for taking the time to complete and return this form to us at your earliest convenience.

How well do you know this student?

Well Some Little Records Only How many years? _____

Please check the adjectives that most nearly describe the applicant's standing on the items listed below:

CHOICE OF FRIENDS

- Chooses wisely
- Somewhat wisely
- Somewhat carelessly
- Chooses carelessly

INDUSTRIOUSNESS

- Resourceful and enthusiastic
- Average worker
- Works only under pressure
- Not interested in work

STRENGTH OF CHARACTER

- Firm, steady, consistent
- Fairly stable
- Weak, easily influenced

COOPERATION

- Helpful
- Works well with others
- Critical

TRUSTWORTHINESS

- Very trustworthy
- Generally trustworthy
- Has occasional challenges with honesty

PERSONAL APPEARANCE

- Well groomed
- Neat, clean
- Careless

RESPONSE TO AUTHORITY

- Respectful and obedient
- Satisfactory
- Has occasional challenges with authority

ATTENDANCE/PUNCTUALITY

- Rarely late or absent
- Somewhat late or absent
- Frequently late or absent

INTELLECTUAL APTITUDE

- Very quick to learn
- Learns easily
- Must study hard to learn
- Educational disabilities

FAMILY'S FINANCIAL RESPONSIBILITY

- (Private schools only - please consult bookkeeper)
- Meets obligations promptly
 - Usually meets obligations
 - Difficulty meeting obligations

Do you recommend applicant as a desirable student for a private Christian school? Yes No

Your Name: _____ Relationship to Student: _____

Signature: _____ Date: _____ Phone: _____

Please make any remarks you feel necessary on the back of this form.