

Tampa Bay Christian Academy
Application for Admission

Student Reference Form
K5 – 12th Grade

Student: _____ Entering Grade: _____

INSTRUCTIONS

Parent: Please print the student's name and entering grade on three reference forms. Send them to two of the applicant's most recent teachers and complete the third yourself.

Evaluator: We would appreciate your impressions of this applicant for admission. Please complete the information below and mail the form directly to the address below. This information will be kept confidential. Thank you for your cooperation.

EVALUATION (Please make a check to indicate your corresponding rating)

	Excellent	Good	Average	Fair	Poor	Not Known
Responsibility						
Reliability						
Orderliness						
Cooperation						
Attitude Toward Opposite Sex						
Honesty						
Humility						
Attitude						
Appearance						
Emotional Stability						
Accepts Correction						
Respect for Authority						
Discipline						
Attitude Toward Biblical Concepts						
Overall Ranking						

Additional Comments: _____

Do you know of any specific problems the student has which would hinder learning? _____

In what capacity have you known the applicant? _____ How long? _____

Name: _____ Signature: _____ Title: _____

School: _____ Phone: _____ Date: _____

Please return to: **Office of the Registrar, Tampa Bay Christian Academy 1602 W. Sligh Ave. Suite 100
Tampa, Florida 33604
813-343-0600 E-mail: alopez@tbcarams.org, www.tbcarams.org**