



# Miami Christian School

## Admissions Office

200 NW 109 Avenue, Miami, Florida 33172  
Phone (305) 221-7754 ☎ Fax (305) 221-7783

### REFERENCE

*To be completed by current teacher or principal*

Dear \_\_\_\_\_:

Date \_\_\_\_\_

\_\_\_\_\_ has applied for admission to Miami Christian School. Your name was given as a reference. Please evaluate this individual in the areas indicated below. If you do not feel qualified to evaluate any of the areas, simply omit that portion of the form. Please fax this completed form to us right away, and then mail the original to the above address. Thank you.

#### Please rank each trait as follows:

- 5=outstanding, exemplary
- 4=above average
- 3=average or acceptable
- 2=below average
- 1=poor, weak
- n=no opportunity to observe in this area

#### CHARACTER

Honesty	n	1	2	3	4	5
Initiative	n	1	2	3	4	5
Moral Behavior	n	1	2	3	4	5
Respect for Peers	n	1	2	3	4	5
Respect for Authority	n	1	2	3	4	5

#### ACADEMIC QUALITIES

Overall ability	n	1	2	3	4	5
Works to potential	n	1	2	3	4	5
Reading level	n	1	2	3	4	5
Mathematical aptitude	n	1	2	3	4	5
Begins work promptly	n	1	2	3	4	5
Completes assignments	n	1	2	3	4	5
Follows directions	n	1	2	3	4	5
Classroom conduct	n	1	2	3	4	5

*Please see reverse side ⇨*

**SPIRITUAL EVALUATION**

To the best of your knowledge, does the applicant know Jesus Christ as his/her personal Savior?

Yes                      No                      Unsure

How important would you say that the applicant's relationship to God is to him/her?

Very                      Somewhat                      Not important                      No factor at all

Is the applicant's behavior generally consistent with his/her testimony?

Always                      Usually                      Seldom

How many times per month does the applicant attend church?

4 or more                      2-3                      Once                      Less than once per month

To your knowledge, has the applicant ever used illegal drugs or prescription drugs not prescribed for him/her?

Yes                      No                      Unsure

Would this student be accepted for re-enrollment at your school?

Yes                      No                      Undecided

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name \_\_\_\_\_

Print Title/Position \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

We would appreciate receiving this by fax upon completion. *Thank you* for your time and assistance!