

Confidential Student Recommendation Form

We appreciate your cooperation in completing this form. It provides one way for us to get to know the applying student and is received with the full awareness that young children are constantly growing, changing and developing. Please leave blank any sections that you are unable to answer.

Name of student: _____ Current Grade: _____

Name of person completing this form: _____ Title: _____

What is the best way to contact you with any additional questions? _____
Please include this contact information in the blank provided at the end of this form.

What is your relationship to the applicant? _____

How long have you know the applicant? _____

How well do you know the applicant? _____

___ Not at all ___ Minimally ___ Moderately ___ Fully

Please describe the child and include comments on the child's personality, maturity-level, and self-confidence.
We welcome all information that you think would be helpful. Please use a separate sheet of paper as needed.

Please describe the parents' level of cooperation and involvement with your program.

I hereby certify that the information provided above is true and accurate, to the best of my knowledge.

Signature: _____ Organization: _____

Printed Name: _____ Contact Information: _____

Please return this form directly to the following address, marked "Admissions":

Table Rock Christian School
P.O. Box 621,
Driggs, ID 83422

Questions? Please call 208-354-9674. Thank you for your cooperation!