

STUDENT RECOMMENDATION



LIGHTHOUSE CHRISTIAN SCHOOL

Applicant's Name _____ Grade applying for: _____

Applicant's Current School _____

The above named student has made application to Lighthouse Christian School and has submitted your name as a reference. Please complete this form and return it to the above named student in a sealed envelope in order to keep the information confidential.

1. _____
 Name of former school _____ Phone Number _____

How long have you known applicant? _____

In what capacity do you know the student: Pastor Teacher Other _____

Please rate the applicant as realistically as you can in comparison with other students of the same age. **All information is strictly confidential.**

Academic Ratings: N/A Below Average Average Above Average

	N/A	Below Average	Average	Above Average
Ability				
Motivation				
Independence				
Creativity				
Written expression				
Verbal expression				

Personal Characteristics:

Energy and initiative				
Leadership				
Responsibility				
Attitude				
Concern for others				
Maturity				
Good judgment				
Self-discipline				
Attendance				

