



Lighthouse Christian School
Student Recommendation Form

Student's Name
Street City State Zip
Parent/Guardian Signature Date

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
2. To your knowledge, will applicant be successful at LCS?
3. To your knowledge, has applicant had any history of physical or emotional problems?
4. Has applicant ever been suspended? Yes No If so, please explain
5. Has applicant ever been expelled? If so, please explain
6. To your knowledge, has applicant had any history of involvement with alcohol, drugs, tobacco, or juvenile delinquency? Yes No If so, please explain
7. Please use the following scale to rate the student on individual qualities:
1-Below average 2-Average 3-Above average 4-Outstanding 5-N/A
Academic ability Attitude Emotional maturity
Motivation Self discipline Creativity
Respect for peers Respect for authority Leadership
Christian commitment Personal appearance Athletic ability
8. Please give additional comments if necessary including information about parents:

Signature Date Phone