

**Calvin Christian School**  
**School Official Confidential Recommendation Form for Pre K – 8<sup>th</sup> Grade Students**

**Name of Student** \_\_\_\_\_

We are in the process of applying to Calvin Christian School for our son/daughter's enrollment and have given your name as a reference. Will you kindly give your confidential evaluation of him/her as a potential student at CCS? I hereby waive my right to have access to this evaluation form. Thank you.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**To the Family:** Please complete this part of the form then give to your school official to complete and to mail (or fax) directly to the school.

Family Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Family Address \_\_\_\_\_  
 School Name \_\_\_\_\_  
 School Address \_\_\_\_\_

**Please rate this student on the scale below as it relates to each category.**

	Excellent	Good	Fair	Poor	Comments
Conduct					
Relationships with peers					
Relationships with adults					
Emotional maturity					
Motivation to learn					
Ability to work in a group					
Ability to work independently					
Class preparation/participation					

Does this student have any health needs?  Yes  No

If yes, please explain. \_\_\_\_\_

Is this student involved in a program for special needs students (gifted, learning disabled, etc.?)  Yes  No

For how long has he/she been involved? \_\_\_\_\_

\* \* \* \* \*

**For Families Transferring from Tuition Based Schools:**

1. Has this family been faithful in paying tuition and fees required by the school?  Yes  No

Please describe. \_\_\_\_\_

2. Were payments made late?  Yes  No

If yes, please describe. Include how far the family fell behind in its payments. \_\_\_\_\_

3. Is this family current on their tuition bill? If not, how much do they owe?  Yes  No

\* \* \* \* \*

I recommend this student for admission:

	Enthusiastically	Confidently	With reservation	Do Not recommend
Academic Potential				
Personal Potential				

School Official Completing Form (Please print) \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you very much for your time and cooperation in completing this form.

The information you have provided will be kept in confidence and used only by the Admissions Committee.

**Fax to: 708-331-8728 or Send to: Calvin Christian School (Attn. Director of Admissions) 528 E. 161st Place, South Holland, IL 60473**