



"Where Christ Makes The Difference"

This form is to be filled out and returned to student in sealed envelope provided .

Dade Christian School  
6601 NW 167 Street  
Miami, FL 33015

## Administrative Reference

(Dean, Guidance Counselor, Principal, A.P.)

Name of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I waive my right to examine this form. \_\_\_\_\_  
Applicant's Signature\*

I do not waive my right to examine this form. \_\_\_\_\_  
Applicant's Signature\*

**\*By not signing, I am waiving the right to examine this form.**

\_\_\_\_\_ entering grade \_\_\_\_\_ has applied for admissions to Dade Christian School.  
Name of Student

Please rate student using the following criteria and circle the appropriate number.

### Academic & Personal Qualities

	Below Average	Fair	Good	Excellent	Outstanding	Not Applicable
Motivation	1	2	3	4	5	___
Punctuality in completing assignments	1	2	3	4	5	___
Ability to work independently	1	2	3	4	5	___
Basic knowledge of subject matter	1	2	3	4	5	___
Ability to organize and communicate ideas	1	2	3	4	5	___
Dedicated student	1	2	3	4	5	___
Classroom conduct	1	2	3	4	5	___
Relationships with other students	1	2	3	4	5	___
Relationships with teachers	1	2	3	4	5	___
Reaction to criticism	1	2	3	4	5	___
Maturity level	1	2	3	4	5	___

Is the applicant eligible to re-enter your school next term? \_\_\_\_\_yes \_\_\_\_\_no If no, please explain  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant been involved in any alcohol or drug use? \_\_\_\_\_yes \_\_\_\_\_no If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant displayed inappropriate social behavior to other students? \_\_\_\_\_yes \_\_\_\_\_no If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_

Has the student been disciplined by the school administration? \_\_\_\_\_yes \_\_\_\_\_no If yes, please explain  
Suspended? \_\_\_\_\_ Expelled? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has student fulfilled all financial obligations? \_\_\_\_\_yes \_\_\_\_\_no

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**I recommend this candidate for admission to Dade Christian School**

	With enthusiasm	With reservation	Difficult to recommend
Academically	_____	_____	_____
Personal character	_____	_____	_____
Behaviorally	_____	_____	_____
Overall recommendations	_____	_____	_____

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Name \_\_\_\_\_ Student's Current GPA \_\_\_\_\_  
(Please print)

Position \_\_\_\_\_

School \_\_\_\_\_ School Phone Number \_\_\_\_\_

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

**Please return confidential reference in sealed envelope to applicant. This form will be used only for the admission process and will not become part of the student's permanent school record. The prospective student can not be considered until this information has been received. Please complete and return to student as soon as possible. Thank you for your part in this recommendation process.**