



New Life Christian Academy

5517 Griswold Road
 Kimball, MI 48074
 810-367-3770 810-367-2249 Fax

PERSONAL RECOMMENDATION FORM

Name of Applicant _____ Applying for grade _____

My son/daughter is applying for admission to New Life Christian Academy. I would appreciate your completing this form and returning it directly to the school office.

Signature of Parent or Guardian _____ Date _____

PERSONAL RECOMMENDATION

Name _____ Relationship to Student/Family _____

Phone Number _____ Length of time acquainted _____

Does the student have any significant limitations (physical, social, emotional)? _____

Is the student's record with you a true index of ability, or have outside circumstances interfered with academic achievement? (For example: illness, excessive involvement in extracurricular activities, difficult home situation, etc.)
 If not a true index, please explain. _____

Please indicate your rating by number in the right-hand column. Use a question mark where you have insufficient evidence.

Rating	5	4	3	2	1	#
Integrity	Exceptionally Upright	Noticeably Upright	Upright, no cause to question	Weak or questionable	Record of dishonesty	
Conduct	Outstanding in every respect	Generally excellent	Good or acceptable	Marginal	Poor or reprehensible	
Leadership & Responsibility	Outstanding, top positions, contributes	Commendable top or next top activities	Capable, minor positions	No signs of leadership or involvement	Record of irresponsibility	
Interest in non-academic activities	Outstanding	Commendable top or next top activities	Active	Minor participation	No participation	
Respect for authority	Works very well with those in authority	Works well with those in authority	Mild resistance to authority	Periodic rebelliousness to authority	Rebellious to authority	
Parental Support	Exceptional	Quite good	Average	Sometimes unsupportive	Often unsupportive Critical of School	
Summary	Outstanding	Excellent	Good	Fair	Poor	

Outstanding talents/accomplishments or reservations not covered by the above categories:

Signature _____

Date _____