

Name of reference _____
 Check one: ___ Principal ___ Teacher ___ Minister ___ Community Member

THIS PART TO BE COMPLETED BY APPLICANT				
Applicant's Name	Street Address	City	State	Zip
CONFIDENTIALITY STATEMENT			Grade applied for: _____	
By my signature hereon, I understand that the information furnished by the reference named below will become the property of East Texas Christian Academy. Furthermore, I waive all rights to examine the responses given.			_____ Signature of Applicant's Parent or Guardian	

Confidential Reference Form

East Texas Christian Academy
 1797 Shiloh Rd
 Tyler, TX 75703
 Admissions (903) 561-9582 Administration (903) 561-8642
 FAX (903) 561-9620

The applicant named above has applied for admission to East Texas Christian Academy. You have been given as a reference. We will appreciate your giving us the information we need as indicated in the questions and ratings below. This information will be held in the **strictest confidence**.

1. How long have you known the applicant? _____
2. Do you have knowledge of this applicant being involved in any of the following? If yes, please explain on back.
3. To your knowledge, has this family been supportive of School and classroom policy? _____
If not, please explain. _____
4. Can you recommend this applicant to East Texas Christian Academy? _____ If not, please explain.

5. Is the applicant in good physical and mental health? If not, please explain. _____

6. Please rate the applicant on the following traits using a scale of one to four. (Excellent = 4; Good = 3; Avg. = 2; Poor = 1)

Offense	Yes	No
Using tobacco		
Drinking alcoholic beverages		
Participating in immoral behavior		
Involved with legal authorities for unlawful acts		
Involved in any other questionable activities		
Suspended or involved in other school problems		

Characteristic	4	3	2	1
Academic promise				
Leadership				
Dependability				
Honesty				
Reputation				
Social habits				
Attitude toward authority				
Cooperation				

7. Please give any other information you think we should know: _____

INSTRUCTIONS

(For person completing this form)

Please provide the above information to the best of your personal knowledge. Please return this document in the envelope provided to East Texas Christian Academy or fax to Admissions Director at 903-561-9620. Thank you for your help in this important process.

Reference Information

Name, Job Title: _____

Address: _____

Phone: _____

Signature: _____