



PERSONAL RECOMMENDATION

Section 1: To be completed by a parent or guardian.

Student's Name: _____ Date: _____

Releasing School: _____

Address, City, State, ZIP: _____

I give my permission for the following information to be released to Columbus Adventist Academy.

Parent's Signature: _____ Date: _____

Section 2: To be completed by the referring party.

This student is being considered for admission to Columbus Adventist Academy. Your assistance in evaluating this student would be most appreciated. This form can be completed by the student's pastor, youth leader, family friend, or any other adult not related to the family.

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

How well do you know the applicant? Very well Well Casually Not well

	Excellent	Good	Average	Below	Poor	Unknown
Conduct						
Consideration of others						
Influence on others						
Integrity						
Leadership ability						
Obedience						
Personal stability						
Personality						
Relationships with adults						
Relationships with peers						
Respect for other adults						
Respect for parents						
Responsibility						
Self-confidence						
Self-discipline						
Strength of character						

Would you want your child to attend school with this student? Why or why not? _____

What is the student's greatest strength? _____

What is the student's greatest weakness? _____

Are there any special circumstances of which we should be aware? _____

To your knowledge, has the applicant had any history of involvement with any of the following?

- drugs alcohol smoking juvenile delinquency

Please indicate your recommendation for this student enrolling and being successful at CAA.

Highly recommend

Recommend

Recommend with reservations Explain: _____

Do not recommend Explain: _____

I do not know this applicant well enough to make a recommendation.

* This recommendation will be considered confidential and will not become part of the student's school records should he or she be admitted. Please feel free to explain your recommendation and/or make any additional comments below.

Additional Comments: _____

Person Completing the Form: _____ Position: _____

Signature: _____ Date: _____

**Please return by fax (614-471-5035) or by mailing to Columbus Adventist Academy,
3650B Sunbury Road, Columbus, OH 43219.**

Columbus Adventist Academy recruits and admits students of any race, color, or ethnic origin to all its rights, privileges, programs, and activities. In addition, the school will not discriminate on the basis of race, color, or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation. Columbus Adventist Academy will not discriminate on the basis of race, color, or ethnic origin in the hiring of certified or noncertified personnel.