

# Naples Adventist Christian School Student Recommendation Form

Name of Applicant \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Relationship to Applicant:

Teacher

Administrator

Pastor

Other

I have known this applicant for:

1 year of less

2 to 5 years

More than 5 years

Applicants Characteristics (To the best of your knowledge)

Attitude:

Superior

Good

Adequate

Needs Improvement

Ability to Get Along with Peers

Superior

Good

Adequate

Needs Improvement

Respect for Authority

Superior

Good

Adequate

Needs Improvement

Emotional Maturity

Superior

Good

Adequate

Needs Improvement

Spiritual Maturity

Superior

Good

Adequate

Needs Improvement

Ability to Work with Others

Superior

Good

Adequate

Needs Improvement

Student's Strengths

Student's Weaknesses

Is the student being raised in a Seventh-day Adventist or another Christian home?

Yes

No

I don't know

Has the student ever been suspended from school?

Yes

No

I don't know

Are the parent(s) positively involved in your school?

Yes

No

I don't know

Would you gladly re-enroll this family back into your school?

Yes

No

N/A

May we contact you if we if we have questions

Yes

No

Mail or email this form to:

Naples Adventist Christian School

2629 Horseshoe Dr. South

Naples, FL 34104