



Church Reference Form

GUARANTEE OF CONFIDENTIALITY

I authorize my Pastor, Sunday School Teacher, and any officer from my church who knows my child to complete and submit this reference form. I understand this form is confidential and hereby waive any rights to review its content. I also release, discharge, and agree to indemnify and hold harmless the current Pastor, Sunday School Teacher, or any officer from the church of any and all claims, actions, or liability of whatever kind of nature arising out of or relating to the submission of information to Trinity Christian Academy.

Parent signature: _____ Date: _____

CHURCH REFERENCE

To be completed by Pastor, Sunday School Teacher, or any officer from your church that knows the applicant.

Name of Student: _____ Grade: _____

Name of Parents: _____

The above student is applying for admission to Trinity Christian Academy which exists to provide a Christ-centered, biblical approach to academic excellence. We believe that a quality Christian school is greatly enhanced by good character and a teachable spirit. We would greatly appreciate your input in the areas listed below. Please place a question mark in any area of uncertainty. If you wish to talk with us personally concerning this student, please check here ____, sign the form, and supply your phone number. A school administrator will contact you. Phone number _____

Christian Commitment		Church Attendance		Church Giving	
<input type="checkbox"/>	Outstanding	<input type="checkbox"/>	Faithful and regular	<input type="checkbox"/>	Tither
<input type="checkbox"/>	Clearly Evident	<input type="checkbox"/>	Occasional	<input type="checkbox"/>	Occasional
<input type="checkbox"/>	Gives no evidence of commitment	<input type="checkbox"/>	Never	<input type="checkbox"/>	Never

Parent Discipline		Child's Response to Parents		Parent/Child Relationship	
<input type="checkbox"/>	Firm/Consistent	<input type="checkbox"/>	Excellent/honors parents	<input type="checkbox"/>	Loving/warm/strong
<input type="checkbox"/>	Adequate control	<input type="checkbox"/>	Good overall	<input type="checkbox"/>	Usually warm/loving
<input type="checkbox"/>	Inconsistent/needs help	<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Pressured/wavering
<input type="checkbox"/>	Lacking	<input type="checkbox"/>	Poor/needs help	<input type="checkbox"/>	Troublesome

I recommend this family:

Highly Considerably Somewhat Without enthusiasm Not recommended

Name (print) _____ Title _____

Signature _____ Date _____

Name of Church _____ Phone _____

Address _____

Please return this form to:

Trinity Christian Academy Registrar's Office
P.O. Box 680820
Miami, FL 33168

Love God. Love People. Love Learning. Speak Life. Pray Powerful Prayers



Teacher Reference Form

GUARANTEE OF CONFIDENTIALITY

I authorize teachers and administrators to complete and submit this reference form. I understand this form is confidential and hereby waive any rights to review its content. I also release, discharge, and agree to indemnify and hold harmless the current school, its administrators, and employees of any and all claims, actions, or liability of whatever kind of nature arising out of or relating to the submission of information to Trinity Christian Academy.

Parent signature: _____ Date: _____

We would sincerely appreciate your observations regarding this student who is seeking admission to Trinity Christian Academy. Thank you for taking time to help us in our decision.

Name of Student _____ Grade _____

Please check all that apply. Write N/A if criteria are not applicable.

	E – Excellent			S – Satisfactory			N – Needs Improvement			N/A – Not Applicable		
	E	S	N	E	S	N	E	S	N	E	S	N
1. Respects authority	___	___	___	___	___	___	___	___	___	___	___	___
2. Shows obedience	___	___	___	___	___	___	___	___	___	___	___	___
3. Willingly accepts correction	___	___	___	___	___	___	___	___	___	___	___	___
4. Completes class work	___	___	___	___	___	___	___	___	___	___	___	___
5. Completes homework	___	___	___	___	___	___	___	___	___	___	___	___
6. Listens and follows directions	___	___	___	___	___	___	___	___	___	___	___	___
7. Obeys classroom rules	___	___	___	___	___	___	___	___	___	___	___	___
8. Begins class assignments promptly	___	___	___	___	___	___	___	___	___	___	___	___
9. Participates in class	___	___	___	___	___	___	___	___	___	___	___	___
10. Displays self-control	___	___	___	___	___	___	___	___	___	___	___	___
11. Participates in group activities	___	___	___	___	___	___	___	___	___	___	___	___
12. Works well with others	___	___	___	___	___	___	___	___	___	___	___	___
13. Respects authority and peers	___	___	___	___	___	___	___	___	___	___	___	___
14. Respects property of others	___	___	___	___	___	___	___	___	___	___	___	___
15. Is able to share	___	___	___	___	___	___	___	___	___	___	___	___
16. Responds to discipline	___	___	___	___	___	___	___	___	___	___	___	___
17. Shows confidence	___	___	___	___	___	___	___	___	___	___	___	___
18. Adjusts to new situations	___	___	___	___	___	___	___	___	___	___	___	___
19. Shows maturity appropriate for age	___	___	___	___	___	___	___	___	___	___	___	___
20. Consistently shows a loving attitude	___	___	___	___	___	___	___	___	___	___	___	___
21. Is willing to serve teachers and peers	___	___	___	___	___	___	___	___	___	___	___	___

I recommend this applicant for academic promise:

___ Highly ___ Considerably ___ Somewhat ___ Without enthusiasm ___ Not recommended

I recommend this applicant for character and personal promise:

___ Highly ___ Considerably ___ Somewhat ___ Without enthusiasm ___ Not recommended

Name (print) _____ Title _____

Signature _____ Date _____

Name of School _____ Phone _____

Address _____

Please return this form to:

Trinity Christian Academy Registrar's Office
P.O. Box 680820
Miami, FL 33168