



CORAL PARK CHRISTIAN ACADEMY
SCHOOL REFERENCE

(Applicant needs 2 personal References, One from an administrator and one from a teacher)

We would appreciate your observations regarding this applicant who is seeking admission to Coral Park Christian Academy. **(Please mail this form to: Admissions, Coral Park Christian Academy, Attention School Principal, 8755 SW 16 street Miami, Fl 33165 and fax the completed form to (305)559-0237. Please DO NOT send this form with the parent. Thank you for your assistance.**

Print Name of Applicant: _____
Last Name
First Name
Current Grade

PLEASE CIRCLE THE RESPONSE THAT BEST FITS THE APPLICANT

MOTIVATION	Purposeless	vacillating	usually purposeful	Effectively Motivated	Highly motivated
INDUSTRY	Seldom works Even under Pressure	needs constant pressure	Needs occasional prodding	Prepares assigned work regularly	Seeks additional work
INITIATIVE	Merely Conforms	seldom initiates	frequently initiates	consistently self-reliant	actively creative
INFLUENCE & LEADERSHIP	negative	cooperative but retiring	some contribution in minor affairs	contributes in important affairs	judgment respected, makes things go.
CONCERN FOR OTHERS	self-centered	indifferent	somewhat socially concerned	generally socially concerned	deeply and actively concerned
RESPONSIBILITY	unreliable	somewhat Dependable	usually dependable	conscientious	assumes high responsibility
INTEGRITY	not dependable	questionable At times	generally honest	reliable and dependable	consistently trustworthy
EMOTIONAL STABILITY	unresponsive Or apathetic	excitable or agitated	usually well-balanced	well-balanced and stable	exceptionally stable
RESPONSE TO AUTHORITY	not acceptable	acceptable	satisfactory	good	exceptional
PARENTS OF	obstructive	apathetic	cooperative	interested	very involved

Is the student eligible to re-enter your school? Yes No

Has the student been involved in: **(Please explain "yes" answers)**

Use of alcohol Use of drugs Dishonesty Disruptive Behavior Unsatisfactory social Adjustment

Comments: _____

Please note significant strengths or weaknesses: _____

Specific recommendation: **(Please circle one)**

Recommended Not recommended Prefer not to make recommendation

DATE: _____ SIGNATURE: _____ Name: _____

TITLE: _____ SCHOOL: _____

ADDRESS: _____