

ACADEMIC RECOMMENDATION FORM

(2 REQUIRED)

(Must be from someone who taught English, Math, Science, or History to this student)

_ is applying for admission to Greenville Christian School. Your insight and knowledge of this student will assist us in determining his/her potential success. All information will be kept in strict confidence.

Please return this form directly to the school office. This form should not be returned to the student or parent. Thank you for your evaluation.

Please check the area which best represents your opinion. Leave the space blank if you do not have knowledge of that particular area

8420 Jack Finney Boulevard Greenville, TX 75402	EXCELLENT	ABOVE AVERAGE	AVERAGE	POOR
903-455-8470 (Fax)				
1. Work habits				
2. Promptness with assignments				
3. Academic achievement in relation to ability				
4. Age appropriate behavior				
5. Healthy relationships with peers				
6. Shows respect for authority				
7. Self-discipline				
8. Response to discipline				
9. Trustworthiness				
10. Participation in extracurricular activities				
11. Cooperation of parents				
12. Regular attendance				
Would you recommend this student for admissior	n?()Yes	() No		
Does this student show any evidence of learning	differences?	() Yes	() No	
I have known this student year(s). Cou	rse(s) taught this	s applicant:		
Academic year(s): School	l:			
Please relate to us any pertinent information, whi and his/her eligibility for our school.	 ch you feel wou	ld be helpful to	o us in evaluat	ing this stu

Teacher Signature: _____ Printed: _____ Date: _____