



Berean Christian Junior Academy

401 Hamilton E. Holmes Drive NW
 Atlanta, Georgia 30318
 (404) 799-0337 Fax (470) 225-7250

LETTER OF RECOMMENDATION

To be completed by the applicant's previous **teacher(s)** and **principal**. The third recommendation may be submitted by an adult who has worked closely with the student (not a relative.)

Student Name _____ Date _____

 Student's Signature

 Parent's Signature

The above named student has applied for admission to Berean Christian Junior Academy. It is our desire to have a good match between school and student. We would greatly appreciate your answering this evaluation. Please return this form in the envelope provided.

Applicant's Characteristics	Superior	Good	Adequate	Needs Improvement	Comments
Attitude					
Respect for authority					
Personal appearance					
Work ethic (dependability)					
Self-confidence					
Self-discipline					
Self-motivation, Initiative					
Organizational Skills					
Takes responsibility					
Effort toward excellence					
Leadership					
Maturity					
Self-control					
Good judgment					
Reaction to criticism					
Reaction to setbacks					
Spiritual maturity					
Sense of humor					
Relationship with peers					
Ability to work with others					
Concern for others, kindness					
Conduct in group activities					
Attendance					
Parental involvement					
Parent's financial responsibility					

Overall Rating: Highly Recommend Recommend Recommend with Reservations Do not recommend

LETTER OF RECOMMENDATION Page 2

What are the applicant's strengths? _____

What are applicant's weaknesses? _____

To your knowledge, does the applicant have any negative actions or habits in school or otherwise that may have resulted in suspension, expulsion, arrest, drug or alcohol use? _____ Please explain:

The following question should be completed by the administrator or the treasurer:

Have all financial obligations to your school been fulfilled? yes no

Comments: _____

I have known the applicant for _____ year(s).

May we contact you for further information? yes no

Name: _____

() Principal

() Teacher

Address: _____

() Pastor

() Other: _____

Telephone: _____ Email: _____

Signature _____ Date _____

Additional Comments:

