

FRIEND REFERENCE FORM

Dear Friend: We believe it is vital for the home, church, and school to work together in the development of children. Thank you so much for helping us get to know this family better. If you need a copy of the Authorization to Release Reference form this family has signed to release you from liability please contact us at the number listed above.

Name of Applicant _____

With the knowledge you have of the E. Liverpool Christian School explain how you feel each family member will co-operate with what we are trying to do?

Applicant: _____

Father: _____

Mother: _____

Please rate the following categories concerning this student applicant.

	Most of the time	Frequently	Sometimes	Rarely	Do not know
Respects authority					
Exerts a good influence					
Is co-operative					
Takes responsibility					
Is industrious					
Works well in a group					
Respects peers					
Attends church					

Please place any additional comments on the back of this paper.

Friend's Signature _____ Phone() _____

Date _____

Please mail or fax this form to the school.