



FAMILY FRIEND RECOMMENDATION

(Student recommendation, from an adult family friend, to be filled out and mailed directly to CKA.)

NAME OF APPLICANT _____ GRADE APPLYING FOR _____

NAME OF FAMILY FRIEND _____ DATE _____

The above candidate has applied for admission to Christ the King Academy. In order that we may make an intelligent selection of students and learn something about their needs before they come to us, we are seeking information from you concerning the above candidate. All information will be held in strict confidence. Note: we understand that some of these questions will not apply to Kindergarten or First Grade students. Please return this questionnaire to Christ the King Academy within five days.

1. How long have you known the applicant _____. In what relationship? _____
2. Is he/she a leader, or a follower _____. If leader, what evidence of leadership has he/she demonstrated? _____
3. Is he/she hyperactive ____, normally ambitious ____, average ____, or retiring _____.
4. Is his/her influence on others: very good ____, good ____, indifferent ____, bad ____, very bad ____ .
5. Is the applicant emotionally stable ____, erratic ____, optimistic ____, pessimistic ____, self-centered ____, considerate of others ____, respectful to parents and elders _____. (You may check more than one.)
6. Is the applicant best characterized as studious ____, athletic ____, social ____, musical ____, domestic ____, mechanical ____, other _____. Indicate if more than one applies.
7. Does he/she have many ____, few ____ friends?
8. Is this applicant completely trustworthy? _____
9. Have you ever known the applicant to use narcotics, tobacco or alcoholic beverages? _____
If so, please explain. _____

10. Has he/she ever, to your knowledge, been suspended or dropped from school? _____

11. What are the applicant's strong points (special abilities)? _____

12. Describe his/her Christian character: _____

13. If you were responsible for admitting this student, what would your recommendation be?

Recommend without reservation _____

Recommended _____

Recommend with reservation _____

Do not recommend _____

COMMENTS: _____

SIGNATURE: _____

DATE: _____

ADDRESS: _____

PHONE: _____

Please return to: Christ the King Academy, P.O. Box 2460, Poulsbo, WA 98370, Phone: 360.779.9189

Christ the King Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship program, and athletic and other school administered programs.