

**Character Reference Form**  
**To Be Completed For Students in Grades 6<sup>th</sup> –10<sup>th</sup>**

Please have your teacher, guidance counselor, or administrator complete this form and email or fax it to the Registrar at: [admissions@graceknights.org](mailto:admissions@graceknights.org) or 301-645-7463 (fax).

**Student Name:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

RELEASE: I authorize the release of information sought here to Grace Christian Academy of Maryland.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**School Official or Teacher:** The applicant listed above is seeking admission to Grace Christian Academy of Maryland. We would appreciate it if you would complete this form and return it to the Registrar at: [admissions@graceknights.org](mailto:admissions@graceknights.org) or 301-645-7463 (fax).

**EVALUATIONS:**

1. Please evaluate the student in the following areas:

a. **Cooperation:**

☐ Very cooperative   ☐ Usually cooperative   ☐ Generally cooperative   ☐ Uncooperative

b. **Achievement vs. Ability:**

☐ Outstanding   ☐ Achievement consistent with ability   ☐ Achievement below ability

c. **Citizenship:**

☐ Outstanding   ☐ Adequate   ☐ Immature

d. **Leadership:**

☐ Natural Leader   ☐ Neutral   ☐ Follower

2. Is the student eligible to re-enter your school next term?   ☐ Yes   ☐ No

3. Is the student's attendance record satisfactory?   ☐ Yes   ☐ No

4. Has the student:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Been involved in dishonest acts?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Been involved in the use of alcohol?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Been involved in the use of drugs?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Participated in or simulated disorderly, disruptive or unmannerly conduct? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Exhibited unsatisfactory adjustment to other students?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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- |  |                              |                             |
|--|------------------------------|-----------------------------|
| f. Health Problems ~ Physical?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ~ Emotional?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Been disciplined by Administration? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Been suspended?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Been expelled?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. How would you evaluate the student's parents/guardians?

☐ Cooperative    ☐ Apathetic    ☐ Obstructive

### OVERALL:

6. In academic promise, this applicant is:

☐ Strong    ☐ Average    ☐ Below Average    ☐ N/A

7. In character and personal promise, this applicant is:

☐ Strong    ☐ Average    ☐ Below Average    ☐ N/A

**COMMENTS:** Please explain any problem areas indicated in this report. Comment briefly on the likelihood of success in an academic program.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE: \_\_\_\_\_