



Christ Community
Lutheran School

Christ Community Lutheran School

GRADES 1-8

Student Recommendation Form

Date: _____

Name of Student: _____ Phone: _____
First Middle Last

Address: _____ City: _____ Zip: _____

Current School: _____ Applying for Grade: _____

Name of Parent: _____ Signature: _____
Please print

Dear Administrator:

The above student has applied for admission to Christ Community Lutheran School. Please have this form completed by a person on staff who knows the student very well. That could be yourself, a counselor, or a teacher. Please return the completed form to Christ Community Lutheran School by fax or by mail to the above address. Do not return the form to the applicant or applicant's parent.

Item	4	3	2	1	Rating
Academic Ability	Exceptional ability	Average ability	Lower/marginal ability	Poor ability	
Homework Responsibility	Always in on time	Usually in on time	Frequently missing	Record of irresponsibility	
Reading Comprehension	Outstanding comprehension	Grade level comprehension	Below grade level comprehension	Poor comprehension	
Work Ethic	Works independently	Usually on task	Frequently off task	Consistently needs attention	
Behavior and Attitude	Outstanding in every respect	Good or acceptable	Marginal behavior and attitude	Poor behavior and attitude	
Peer Relationships	Highly respected	Usually no problem	Some difficulty in cultivating	Poor/unhealthy, unskilled	

To the best of your knowledge, are there any known and diagnosed learning differences? Yes No

If yes, please explain: _____

To the best of your knowledge, does the family meet their financial responsibilities? Yes No

Recommendation: HIGHLY RECOMMEND RECOMMEND

RECOMMEND WITH RESERVATION DO NOT RECOMMEND

Additional comments:

Signature: _____ Title: _____ Date: _____

School: _____ Telephone: _____