



STUDENT REFERENCE FORM
Christian Liberty Academy
6th -12th Grades



APPLICANT: PLEASE CHOOSE TWO FROM THE FOLLOWING LIST AND GIVE EACH ONE A FORM: A FORMER TEACHER, YOUR PASTOR OR YOUR SUNDAY SCHOOL TEACHER.

REFERENCE FORM FOR: _____ GRADE _____

Applicants to CLA are considered on the basis of a combination of things which include, but are not limited to the following: Test scores, parent/student interview, information from the previous school, and Student Reference Forms. Your cooperation in giving us a frank estimate of the applicant will be appreciated. This information will be held strictly confidential and will be used solely by school authorities. Please feel free to write a more extensive answer to any questions on a separate sheet of paper.

How well do you know the applicant? _____

Does the applicant give his/her best effort and possess determination in the face of adversity? _____

To what extent is his/her character to be relied upon? _____

Is the applicant usually courteous? _____ Are you aware of any conduct at school or in the community which has required more than normal disciplinary action? If yes, please explain. _____

CLA is a Christian school. That means, among other things, that the teachers are Christian and have among their goals: To teach the application of Biblical principles to every part of daily life; to teach the student to apply him-/herself to work and to fulfil his various responsibilities; to teach the student to work both independently and cooperatively; to teach the student that his/her time, talent, and possessions belong to God and must be yielded to His will.

In your opinion, is this the kind of atmosphere into which the applicant would fit? _____

Would he/she support the school and its program? _____ Or, would he/she rebel against it? _____

Describe the applicant's response to supervision: _____

Does the applicant profess to be a Christian? _____

What is his/her relationship to his/her parents? _____

What Christian service activities is he/she involved in? _____



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Please comment on the following areas of the applicant's life:

Moral standards _____

Habits (including language, amusements, etc) _____

WOULD YOU STRONGLY RECOMMEND THE ACCEPTANCE OF THIS APPLICANT?

Your Name (please print) _____

Your relationship to the applicant: _____

Address: _____

Signed: _____ Date: _____

**PLEASE DO NOT GIVE YOUR STATEMENT TO THE APPLICANT. MAIL IT DIRECTLY TO
CLA, ATTENTION HEADMASTER'S OFFICE, 502 W. EUCLID AVE., ARLINGTON HEIGHTS,
IL 60004**