ROSS CORNERS CHRISTIAN ACADEMY





Student Recommendation for Admission

(to be completed by Guidance Counselor, Teacher, Pastor, or Family Friend)

The student named below has applied for admission at Ross Corners Christian Academy. Please provide us with the following information to the best of your knowledge.

Student Information					
Student Name:	Last	First		<i>M.I.</i>	
	Last	r ti st		W.1.	
Current School:	Name of school				
	Street Address of school				
	City		State	ZIP Code	
	Refer	ence Information	1		
Please note: All info	ormation will remain confidential.				
Name of Person	Completing Form:				
Name of Person Completing Form: Relationship to Student			Years known		
reductioning to t					
Briefly describe	your relationship to student:				
How would you describe the student's character, academic abilities, and involvement in your church or school:					
•	,	ŕ	•		
Would you recor	mmend the student for admission to F	YES	NO		
-		KOOA:			
If no, please exp	olain:				
Phone:		Email:			
Signature		Date:			