

Grace Christian Schools of Pasco
9403 Scot Street, Hudson, FL 34669
(727) 863-1825

CHARACTER REFERENCE FORM

(3 references needed for 6th grade and above – Given by Non-Family Members)

Student's Name: _____ Date: _____

Instructions for the Character Reference:

Your reference will assist us in determining whether this student is qualified for admission to Grace Christian School.

Your name: _____ Phone Number: _____

Relationship to the student: _____ How long have you known the student? _____

In your opinion, has this student demonstrated the ability to work well within a school's organizational, regulatory and disciplinary structure?

_____ Yes _____ Probably _____ No
_____ I can't say

Comments: _____

In your opinion, should this student be admitted into Grace Christian School?

_____ Yes _____ Probably _____ No
_____ I can't say

Comments: _____

You may return this completed form by email (gracechristian@verizon.net), mail or, if necessary, you may call us with your reference.

Signature

Date