

For each student applicant at Grace Academy, we request two (2) student references from non-family member adults who can speak to the applicant’s character, faith and integrity. We encourage student applicants to seek one of the two required references from his/her pastor.

Please complete the form and email to jessica.veen@gaknights.org or sarah.marquis@gaknights.org

Student applicant information

Applicant’s Name: _____

Entering grade _____ of the 20_____ school year

Student Reference

Name of Reference (*first/last*): _____

Relationship to student applicant: _____

Primary phone number: _____

How many years have you known the student applicant?

In what context have you known the applicant?

To the best of your knowledge, has the applicant ever been involved in immoral behaviors, such as drinking underage, smoking, drugs, cussing, sex, etc.?

To the best of your knowledge, has the applicant accepted Jesus Christ as Savior?

Would you recommend this student to Grace Academy? Please explain why or why not.

Is there any other information you would like to offer in recommendation of this student applicant?

To the best of your ability, please evaluate the applicant according to his/her:

- | | | | |
|-----------------------------------|--|-------------------------------|----------------------------------|
| Christian character: | <input type="checkbox"/> Excellent <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Unknown |
| Ability to get along with others: | <input type="checkbox"/> Excellent <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Unknown |
| Dependability: | <input type="checkbox"/> Excellent <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Unknown |
| Integrity: | <input type="checkbox"/> Excellent <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Unknown |

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