



Character Confidential Reference

(Gr. 1-12)

Applicant Information (to be completed by applicant):

Student Name: _____ Applying for Grade: _____

Dear Pastor/Youth Leader:

The above named student is applying for admission to GHCA and has given your name as a reference and will not be interviewed until we receive your evaluation. The parents/guardians have signed a waiver at the bottom relinquishing their right to read this reference. In the case of younger applicants, we realize a pastor or youth leader may not be truly familiar with a child's spiritual or social development. In these cases we are primarily seeking to get a feel for the family's connection and involvement at a local church. Feel free to omit any questions that are not applicable for a younger child. Thank you for information you can provide.

If you wish to discuss this student personally rather than complete this form, please check here , and on the back side at the bottom please print your name and note your telephone number. You will be contacted by an administrator.

1. How long have you known the student and in what capacity? _____
2. How well do you know this student and his/her family? _____
3. How often does the student attend your church? frequently often occasionally seldom never
4. Has the student expressed personal faith in Christ? yes no unknown
5. Does the student demonstrate good moral character? yes no unknown
6. Has the student been involved in disruptive conduct in your own church or youth group? yes no unknown
7. Does this student attend any of your church programs (e.g., Sunday school, youth group, religious ed., children's programs, etc.) on a regular basis? yes no unknown
8. What ministries of your church has the student been involved with (older students only)? _____

9. What do you consider the student's positive qualities? _____

10. What areas need attention or growth? _____

11. Do you believe he/she will be a positive addition to GHCA? _____

Please sign and either mail in the enclosed envelope or fax to the GHCA Head of School (FAX 207-532-9553). Please feel free to include any additional information; you may indicate below your signature that you would prefer a call. Thanks for your assistance!

Name: _____ Title: _____

Call me at this phone: _____ Church: _____

PARENT/GUARDIAN AFFIRMATION

I/We hereby authorize Greater Houlton Christian Academy to contact schools and other sources to obtain information to support our application(s) and I/we will not seek access to confidential recommendation and evaluation materials before or after the admission decision is made. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Greater Houlton Christian Academy for that purpose.

Parent/Guardian's Signature

Date