



Adventist Education

Five Oaks Adventist Christian School
Student Recommendation Form

4124 Farrington Road, Durham, NC 27707
Phone: 919.493.5555
www.fiveoaksschool.org

This confidential recommendation is for _____
(Student's name)

In what capacity have you known this student and for how long? _____

Please circle the answer that most closely describes the student's standing on the items listed below:

Christian Experience
Active
Passive
Disinterested
Antagonistic

Intellectual Aptitude
Very quick to learn
Learns easily
Must study hard to learn
Educational disabilities

Choice of Friends
Chooses wisely
Chooses somewhat wisely
Chooses somewhat carelessly
Chooses carelessly

Industriousness
Resourceful/enthusiastic
Average worker
Works only under pressure
Not interested in work

Trustworthiness
Very trustworthy
Generally trustworthy
Tends to be dishonest

Health
Very healthy
Average health
Weak, low vitality

Attitude toward Authority
Respectful and cooperative
Indifferent
Disrespectful

Social Interaction
Outgoing
Comfortable with adults/children
Shy, somewhat introverted

Responsibility/Dependability
Very responsible/dependable
Responsible/dependable
Not responsible/dependable

Temperament
Easy going/gets along well with others
Occasional bursts of anger/sadness
Difficult to get along with

Would you be comfortable with your child being in a classroom with this student? Yes No

Please note any disciplinary action, censure, suspension, expulsion, arrest or probation against the applicant and how it is that you are aware of the situation. _____

Do you recommend the applicant as a desirable student for a Christian school?

Highly Recommend Recommend Some Reservations Not Recommend

Comments: _____

Print your name _____

Date _____

Signature _____

Phone number _____

Thank you for completing this form. Please mail it to the mailing address above.