



SCHOOL REFERENCE FORM
Grades 1-8

Please note that the Admissions Committee will not meet to consider your application until this completed form is received by the admissions director at St. Petersburg Christian School. This information will be kept in the strictest confidence and will be used only for assistance in the evaluation of the application.

PERSONAL INFORMATION

To be completed by the parent of the applicant prior to the school official completing the evaluation section.

Student Name _____ DOB _____ Grade _____
(Last) (First) (MI)

Authorization is hereby granted to release all school information and opinions requested on the reference form to St. Petersburg Christian School to which the above named student has made application for entrance.

Signature of Parent/Guardian Date

SCHOOL OFFICIAL EVALUATION

To be completed by a school official at the applicant's current or previous school.

The above named student is making application to attend St. Petersburg Christian School. At your earliest convenience we would appreciate the following information regarding this prospective student. The information that you provide will be treated with the strictest confidence. If the student is accepted, official student records will be requested. **Please do not return this form to the student or parent but instead forward it directly to the address or fax number listed on the reverse side.**

Number of years in your school _____ Current grade _____

- * What is the applicant's attendance record?
Seldom or never absent _____ Average absences _____ Excessive absences _____
- * What is the applicant's punctuality record?
Seldom or never tardy _____ Occasionally tardy _____ Frequently tardy _____
- * In your opinion, where does the applicant rank academically in your school?
Top 10% _____ Top third _____ Middle third _____ Lower third _____
- * In your opinion, what is the potential of the applicant?
Already works to potential _____ Has more potential than shows _____
- * Has the applicant been tested for any learning disabilities? Yes No
Comments: _____
- * In your opinion, what is the applicant's relationship with school authorities?
Excellent _____ Average _____ Difficulties _____
Comments: _____

* In your opinion, what is the level of cooperation from **parents** as it relates to school policies and personnel?

Constructive _____ Cooperative _____ Critical, but cooperative _____ Uncooperative _____

Comments _____

* In your opinion, what is the applicant's relationship with peers?

Leadership _____ Socially adjusted _____ Negative influence _____

* Has the applicant had any recurring behavior/discipline problems? Yes No

Comments: _____

Test Data:

Please complete for the last two tests taken by the applicant.

Standardized Achievement Test _____ Date Taken _____
Name of Test

National Percentile/Stanine in: Math _____ Reading _____ Total Battery _____

Standardized Achievement Test _____ Date Taken _____
Name of Test

National Percentile/Stanine in: Math _____ Reading _____ Total Battery _____

Please feel free to make additional comments which may help our Admissions Committee when reviewing this student's application. _____

**Thank you for taking the time to fill out this reference form.
Your honest evaluation will help us in processing the Application for Admission.
If you have any questions, please do not hesitate to call the school registrar.**

Signature of School Official _____ Date _____

Print Name _____ Position _____

School Name _____ School Phone () _____

Address _____ City/State _____ Zip _____

When complete, please return this form to:

**Admissions Director
St. Petersburg Christian School
2021 62nd Avenue North
St. Petersburg, FL 33702
Email admissions@stpetechristian.org**

Phone 727-522-3000 Fax 727-525-0998