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FIRST LOVE CHRISTIAN ACADEMY HIGH

31 East Chestnut Street Administrative Suite 302 Washington, PA 15301

724-228-3547 (FLHS) or 724-344-6816

fica@firstlovechristianacademy.com

www.FirstLoveChristianAcademy.com



CHRISTIAN REFERENCE

Other than Pastor and Educators

Parent/Guardian: Complete the top portion of this form, then giving it to the person giving the recommendation with a stamped envelop addressed to FLCA † 31 East Chestnut St., Admin Suite 302 † Washington, PA 15301

I/We hereby waive my/our right to access this completed form.

PARENT/GUARDIAN PRINTED NAME _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN PRINTED NAME _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

APPLICANT'S NAME _____ GRADE ENTERING _____

NAME OF PERSON GIVING THE RECOMMENDATION _____

Dear Friend:

The above applicant has applied for admission to First Love Christian Academy.

The below reference is necessary for apart of the application process. We recognize the importance of your input.

Please complete this form and mail it to the school within one week if possible. The information you provide will help us make a determination of the suitability between FLCA and the applicant. If you have any questions, please call us at 724.228.FLHS.

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In His service,

FLCA admissions

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Personal Recommendation

APPLICANT'S NAME _____ GRADE ENTERING _____

NAME OF PERSON GIVING THE REFERENCE _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

PLEASE CIRCLE AND COMMENT ON THE APPLICANT'S...

E = EXCELLENT; G = GOOD; F = FAIR; P = POOR

GENERAL PERSONALITY E G F P _____

CHARACTER AND INTEGRITY E G F P _____

EMOTIONAL STABILITY E G F P _____

MANNERS E G F P _____

SOCIAL SKILLS E G F P _____

COOPERATIVENESS E G F P _____

LEADERSHIP QUALITIES E G F P _____

MOTIVATION E G F P _____

SPIRITUAL MATURITY E G F P _____

TO YOUR KNOWLEDGE, HAS THE APPLICANT EVER BEEN IN ANY TROUBLE? IF SO, EXPLAIN _____

TO YOUR KNOWLEDGE, HAS THE APPLICANT HAD ANY SPECIAL ACHIEVEMENTS? IF SO, EXPLAIN _____

