



# Confidential Character Recommendation Form

Grades 2nd - 12th

Name of Student \_\_\_\_\_

### Parent or Guardian

Please write your child's name in the space above and read and sign the following before giving this form to someone who has known your child for at least one year. This can be someone such as a pastor, youth minister, scout leader, tutor, sponsor, coach, or neighbor.

I understand that the information furnished by the reference named below is confidential and will become the property of Champions Christian Academy. Furthermore, I waive all rights to examine the responses given.

\_\_\_\_\_  
*Signature of Parent or Guardian*

### Character Reference

Thank you for your time and care in completing this recommendation for the applicant named above. Your observations are held in complete confidence. Please check the appropriate boxes, include comments if you wish, sign, date and provide contact information on the back. Return the completed form directly to CCA by fax 903-796-4350 or mail (fax is preferred), **Attention: Admissions**. Admission decision cannot be made until student files are complete.

#### Is the applicant:

|   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| Active in attending church?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Active in attending Sunday School/Bible Class?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Good at relating to peers?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotionally and psychologically balanced?         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self disciplined?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responds appropriately to successes and failures? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### Is the family:

|                                    |                          |                          |                          |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| Supportive of their child?         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Of good standing in the community? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If "no" to any of the above questions please elaborate: \_\_\_\_\_

Length of acquaintance with the applicant? \_\_\_\_\_ years

Relationship to applicant: \_\_\_\_\_

