

Calvary Christian Academy

1771 East Palomar Street

Chula Vista, CA. 91913

Phone (619) 591-2260; Fax (619) 591-2261

www.ccaknights.com admissions@ccaknights.com

Pastoral or Adult Mentor Recommendation

STUDENT INFORMATION

Student Name

Grade applying for

PASTOR OR ADULT MENTOR

Leader's Name

Organization

Leader's Position

Phone

The student named above is applying for admission to Calvary Christian Academy for the _____ school year. Please answer the following questions about this student to the best of your knowledge by circling the response that most applies. Please mail or fax to the address listed above at your earliest convenience since Calvary Christian Academy cannot schedule an interview until our office receives this form. Thank you for your time and assistance.

How long have you known this child?

Less than 1 year

1 to 2 years

More than 2 years

How well do you know this child?

Very well

Well

Somewhat

How would you describe this child's relationship with God?

Serious and Committed

Struggles, but loves the Lord

Average for age

Unknown to me

Does not know the Lord

How would you describe this child's reliability?

Always Reliable

Average

Unreliable

How would you describe this child's attitude?

Respectful/Enthusiastic

Average

Poor

How would you describe this child's work habits?

Hard Worker/Diligent

Average

Quits Easily/Lazy

How would you describe this child's cooperation with others?

Very Cooperative

Average

Uncooperative

How would you describe this child's emotional character?

Well Balanced/Mature

Average

Emotional/Immature

How would you describe this child's submission to authority?

Submissive

Average

Poor

How would you describe this child's parental support?

Very Involved

Average

Not Involved

Additional Comments

Leader's Signature:

Date: