



STUDENT RECOMMENDATION

The following student has applied to *Greater Lansing Adventist School*. We ask your help in evaluating the applicant as a potential student at this school. This blank will be kept in strict confidence and destroyed as soon as a decision is made. Thank you for your help.

Mail to: Greater Lansing Adventist School, 5330 W. Saint Joseph Hwy. Lansing, MI 48917

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| NAME OF APPLICANT: |
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Please indicate the number that best identifies the items below by the following scale:

6 – Excellent 5 - Above Average 4 – Average 3 - Below Average 2 – Poor 1 - Inadequate Information

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|----------------------------------|--|
| Religious Commitment | |
| Honesty | |
| Attitude Toward Authority | |
| Influence on Fellow Peers | |
| Ability to Get Along with Others | |
| Punctuality | |
| Emotional Stability | |
| Motivation to Achieve | |
| Intellectual Ability | |
| Health and Vigor | |
| Home Environment | |

| Within your knowledge, has the applicant ever: | Yes | No |
|--|-----|----|
| Used Tobacco | | |
| Used Alcoholic Beverages | | |
| Used Illegal Drugs | | |
| Used Profane Language | | |
| Been Involved in Theft | | |
| Been Suspended from School | | |
| Been Involved with Juvenile Authorities | | |

Other Comments:

To your knowledge, does the applicant have any major learning difficulties or disabilities? Yes ___/ No ___

Do the applicant's parents/guardians care for financial responsibilities? Yes ___/No ___

How long have you known the applicant? _____

What is your relationship to the applicant? _____

What is your recommendation to the committee concerning this applicant?

- Accept without Reservation _____
- Accept with Reservation _____
- Do Not Accept _____

| | | |
|----------|--------|------------|
| Name: | Title: | Signature: |
| Address: | Phone: | Date: |