DESERT ADVENTIST ACADEMY 2022-2023 Recommendation Form

(This form is to be filled out for all new 1st-8th grade students requesting admission to this school)

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Grade entering ____

Please give this form to your former principal, one former teacher, and current pastor of your church.

To the Principal, Teacher or Pastor:

has applied to our school and we would like your evaluation of him/her to determine final acceptance in our school. All information will be kept strictly confidential.

UPON COMPLETION, PLEASE MAIL TO THE ADDRESS LISTED BELOW

How long have you known this student?

In what capacity have you known the student?	Principal	Teacher	Pastor
For what reason is the student changing schools?	Conduct	Financial	Relocation
	Achievement	Other _	

Please check below, in your judgment, how the applicant ranks:

			Above			T T 1
		Superior	Avg Av	verage	Avg	Unknown
	Conduct					
	Leadership					
	Achievement					
	Motivation					
	Positive Influence					
	Respect for Teachers/P Obedience to regulation					
	0					
	owledge does this student:					
Smoke?	Use drugs?	Use Alcohol?	Us	se indec	ent lan	guage?
	ı be happy for this studen	t to associate wi	th your ch	uild?		
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	THANK YOU	FOR TAKING TIM	E TO COM	PLETE I	HIS FO	RM
Name	Telephone interview			view		
Position	Date					
Phone #			In	terview	ed by _	
		MAIL	то:			
	DE	SERT ADVEN				
		74-200 Count				
		Palm Desert				
	Ph # 76	0 779-1799	Fax # 70	60 779-	0179	