

Pastoral Reference for Dublin Christian Academy



form **DU-23**
revised **2015**

Your prompt completion of this evaluation form will be most helpful and gratefully appreciated. Considering the age of the student, answer questions to the best of your knowledge. ALL INFORMATION IS STRICTLY CONFIDENTIAL.

Your Info

Name			Email
City	State	Zip	Phone

Student Name

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Applicant Character

Please rate the applicant in the following areas:

Physical Health	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor
Influence of home	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor
Wholesome attitude toward the opposite sex	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor
Neatness & appearance	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor
Control of temper	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor
Athletic ability	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor
Respectful attitude toward authority	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor
Mental ability	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor
Truthfulness or honesty	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor

Applicant Habits

To the best of your knowledge answer the following questions. Does the applicant:

Attend Sunday school regularly	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know
Attend church regularly	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know
Profess to be born again	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know
Witness for Christ	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know
Drink	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know
Smoke	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know
Swear	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know
Steal	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know

Other Questions

How long have you known the student?
In what relationship have you known the student?
Why do you feel the parents want the student to attend Dublin Christian Academy?
If you were an Administrator at DCA, would you accept the student? <input type="radio"/> Fully <input type="radio"/> Hesitantly <input type="radio"/> Not at all

Signature

Thank you for your input concerning this student.	
Signature	Date

Submit

Please use the information below to send this form by mail or email, or call us with your reference. *Thank you!*



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