



Scofield Christian School
CONFIDENTIAL RECOMMENDATION FORM
Principal

Student Name _____ Present Grade _____

The student named above has applied to our school. Your assistance is requested in helping us know this student better. We would appreciate your observations about this student by answering the following questions.

Do you recommend this student for acceptance into Scofield Christian School?

Describe any disciplinary issues in which this student has been involved.

Does this student have any academic, physical, social, or emotional limitations? If yes, please explain.

No Yes

Do the parents actively support school policies?

No Yes

Are the parents actively involved in the school? If yes, please explain.

No Yes

(over please)

If your school is private, does the family meet its financial responsibilities for school bills on time?

No Yes

Do you have any reservations about this student's chances for academic success at Scofield? Please explain.

No Yes

Do you have any reservations about this student's social adjustment to Scofield? Please explain.

No Yes

Please include any further comments regarding this student or his/her family.

Thank you for your cooperation.

Signature _____

Date _____

School _____

Phone # _____

Please return this form to:

**Office of Admissions
Scofield Christian School
7730 Abrams Rd.
Dallas, TX 75231**

**Phone: 214-349-6843
Fax: 214-342-2061**