

PERSONAL RECOMMENDATION

Mail to:
School Office
Parkview Baptist Academy
70 Golfview Dr.
Northlake IL 60164

Please type or print in ink. Please fill out completely.

Part I: To be completed by the applicant.

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Telephone Number: (____) _____ - _____

Birth Date: ____/____/____ Social Security Number: _____ - _____ - _____

Signed: _____ Date: _____

Part II: To be completed by the reference

The person named above has applied for admission to Parkview Baptist Academy. We value your comments highly and ask that you give a complete and candid report so that fair consideration may be given to the applicant. Upon completion of this form, please return it to the School Office at the address noted above. **DO NOT give this form to the applicant.** For assistance with this form, please call (708) 562-2351.

Confidential

How long have you known the applicant?

Please describe your relationship with the applicant.

Please give your general impression of the applicant.

Please list strengths of the applicant.

Please assess your perception of the applicant's potential for academic success.

Please describe the spiritual maturity and Christian character of this applicant.

Please rate the applicant on the following characteristics:

	Superior	Very Good	Average	Poor	Unknown
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend that we accept this applicant for admission to Parkview Baptist Academy?

With Enthusiasm Strongly With Reservations Not At This Time

Name: _____
Last First

Church: _____
Street City State Zip

Position/Title: _____

Mailing Address: _____

Daytime Telephone Number: (_____) _____ - _____

Signed: _____ Date: _____