

GENERAL RECOMMENDATION

FOR APPLICANTS FOR KINDERGARTEN AND BELOW, OR THOSE
PRESENTLY BEING HOMESCHOOLED



Bob Jones Academy

Please complete Section 1 and then ask someone in a leadership position (coach, employer, elder/deacon, etc.) to complete Section 2 or 3. This recommender should know your family well but not be related to you.

Section 1 (to be completed by the applicant's parents)

Applicant's Name _____
FIRST MIDDLE LAST

WAIVER:

I, the undersigned, hereby voluntarily waive my right to inspect the content of this recommendation.

PARENT'S SIGNATURE

DATE

Section 2 (to be completed by the recommender—recommendation for parents of applicants for K5 and below)

1. How long have you known the applicant's family? _____
2. How well do you know the applicant's family? Very well Fairly well Casually Slightly
3. Do the parents of the applicant profess to have a personal relationship with Jesus Christ? Yes No Unsure
4. Do the parents of the applicant evidence a Christian testimony? Yes No Unsure
5. Please comment on the applicant's home life: _____

6. Do you recommend this family to Bob Jones Academy?
 Highly recommend Recommend Recommend with reservations Do not recommend

I need to discuss this recommendation by phone.

Additional comments: _____

Section 3 (to be completed by the recommender—recommendation for homeschoolers applying for grades 1–12)

1. How long have you known the applicant? _____
2. How well do you know the applicant? Very well Fairly well Casually Slightly
3. Does the applicant profess to have a personal relationship with Jesus Christ? (answer optional for applicants for grades 1–6)
 Yes No Unsure

4. Does the applicant evidence a Christian testimony? (optional for applicants for grades 1–6) Yes No Unsure
5. Do the parents of the applicant profess to have a personal relationship with Jesus Christ? Yes No Unsure
6. Do the parents of the applicant evidence a Christian testimony? Yes No Unsure
7. Please comment on the applicant's home life: _____

8. Please indicate your observations in the following areas of the applicant's life:

| | Outstanding | Good | Concern | Problem | Unsure | N/A |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Attitude Toward Authority | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Character | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiative | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| Judgment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Please comment on any area in question 8 that you marked "Concern" or "Problem." _____

10. Based on what a Christian school can contribute to the applicant and family, do you recommend this student to Bob Jones Academy?

- Highly recommend Recommend Recommend with reservations Do not recommend

I need to discuss this recommendation by phone.

Additional comments: _____

Recommender Contact Information (to be completed by the recommender)

| | | |
|------------------|-------|-------------------------------|
| RECOMMENDER NAME | | RELATIONSHIP TO THE APPLICANT |
| STREET ADDRESS | | |
| CITY | STATE | ZIP |
| () | | |
| PHONE | EMAIL | |
| SIGNATURE | | DATE |

Please submit via (choose one):

- Mail to **Admission Coordinator, Bob Jones Academy, Greenville, SC 29614**
- Fax to **(864) 271-7278**
- Scan and email to **bjabobjonesacademy.net**