

GENERAL RECOMMENDATION

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

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: _____
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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"/>					
Behavior	<input type="checkbox"/>					
Character	<input type="checkbox"/>					
Initiative	<input type="checkbox"/>					
Integrity	<input type="checkbox"/>					
Judgment	<input type="checkbox"/>					
Social Skills	<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**