



PORTLAND CHRISTIAN SCHOOLS
CONFIDENTIAL ACADEMIC REFERENCE
 Jr/Sr High School

to be completed by a current teacher of the applicant

Student's Name _____ Grade _____

My son/daughter is applying for admission to Portland Christian Schools. I would appreciate your completing this form and returning it directly to the Director of Admissions at Portland Christian Schools. I hereby authorize the release of my child's records and evaluative data to Portland Christian Schools.

Signature of Parent or Guardian _____ Date _____

	Exceptional	Above Average	Average	Below Average	N/A
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership and responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in non-academic activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall academic summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall character summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed _____ Date _____

Print Name _____ Grade / Subject _____

School Name _____

School Location _____ How long have you known the student? _____

Thank you for your assistance. Your candid assessment will be of invaluable assistance to the Admissions Committee and your comments will be held in strict confidence. Please seal the envelope, sign over the seal, and return this document to:

Portland Christian Schools
 Attn: Admissions
 12425 NE San Rafael Street
 Portland, OR 97230
 (503) 256-3960