**Vancouver Christian**
**Grades 6–12**
8205 NE Fourth Plain Blvd.
Vancouver, WA 98662
E-mail: vchs@vancouverchristian.com
Tel: (360) 735-7915, Fax: (360) 735-8049
www.vancouverchristian.com

# Admission Procedure

This admission packet contains all the forms and information needed to start the enrollment process.

***Requirements for Admission to Vancouver Christian:***

1. Admission Packet forms must be completed and returned to the office. Please note the two Student Reference forms; one is to be completed by the student's youth pastor and the other by a person of your choice.
2. For all incoming students, an interview with the principal or interview committee is required prior to enrollment. This interview is for both the student and parents.
3. A 2.00 GPA is recommended for incoming students entering grades 9–12. Students in 9th–12th grade with a GPA below 2.00 may be denied enrollment or enrolled on academic probation. Students entering 6th and 8th grades are not subject to a GPA qualification.
4. Testing of students and/or a copy of achievement test results may be requested by the school prior to enrollment.
5. Families are encouraged to be committed to a local church, demonstrated through consistent attendance, involvement, and giving.

***The following items are required to begin the admission process***

- ❑ Application for Admission
- ❑ Academic History and Background form
- ❑ Copy of student's most recent report card
- ❑ Copy of student's current transcript (for students entering grades 9–12)
- ❑ Student Information form
- ❑ Parent/Guardian Agreement form
- ❑ Student Agreement form
- ❑ Records Release form
- ❑ Media Release form
- ❑ Certificate of Immunization Status
- ❑ Two Student Application Reference forms — one completed by a youth pastor, and one completed by a person of your choice.
- ❑ $350 registration/book fee. This fee is non-refundable unless the student's enrollment is denied. We will not deposit the check until after the admission interview is complete, and student has been accepted to Vancouver Christian.

Once the school has received all of the above documents, office personnel will call you to set up an interview with the principal and/or interview committee. This interview is for both the student and parents.

Enrollment is not complete until all forms are received by the school office.

*Vancouver Christian admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.*

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# Application for Admission

Date _____ Grade applying for _____

School Year: 20____ - 20_____

## Student Information

Student's Legal Name: Last _____ First _____ Middle _____

Name student goes by: _____

Age _____ Birthdate _____ ❑ Male ❑ Female

Address _____ City/State _____ Zip _____

Home phone _____

Race: ❑ Black ❑ Asian/Pacific Is. ❑ Native American ❑ Caucasian ❑ Hispanic ❑ Other (specify) _____

*Unless you specify otherwise, the address and phone number listed in this box will be used in the printed directory and for most written communication.*

## Family Information

Child lives with (check all that apply):

❑ Father ❑ Mother ❑ Stepfather ❑ Stepmother ❑ Other (please specify) _____

***Parent(s) living with student***

Parent/Guardian names _____

Father's employer _____ Work Phone _____
*(or stepparent/guardian living with child)*
Cell Phone _____

Mother's employer _____ Work Phone _____
*(or stepparent/guardian living with child)*
Cell Phone _____

Family e-mail _____

Student's cell phone number _____

***Parent not living with student***

Name _____ Relation to student _____

Address _____ City/State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

E-mail _____ ❑ Include in mailings

## General Information

Name of church attending: _____

Is your family new to Vancouver Christian? ❑Yes ❑ No

Reason for selecting Vancouver Christian _____

_____

_____

School recommended by _____

### *Sibling Information*

| Name | Age/Grade | School now attending |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

Does student have any physical limitations or handicaps? ❑Yes ❑ No If so, please explain _____

_____

## Financial Information and Payment Details

Person responsible for paying tuition _____

Relationship to student _____

Address (If not previously given on this form) _____

_____

Phone _____ E-mail _____

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# Academic History and Background

Student Name _____ Grade applying for: _____

Date _____

In which public school district do you reside? _____

Last school attended _____ Grades attended there K 1 2 3 4 5 6 7 8 9 10 11 12

Address of school _____

Reason for leaving school _____

Student's grades have been: ❑ Superior ❑ Above average ❑ Average ❑ Below average

❑Yes ❑ No Has student failed any grade?
❑Yes ❑ No Has student ever been expelled, dismissed, suspended, or refused admission to another school?
❑Yes ❑ No Has student ever had disciplinary difficulties?
❑Yes ❑ No Has student ever been in trouble with the law, arrested, etc.?
❑Yes ❑ No Has student ever used tobacco or illegal drugs of any kind?
❑Yes ❑ No Has student had any truancy problems?
❑Yes ❑ No Has student had any health problems or absence due to illness?
❑Yes ❑ No Has student had any health problems that would affect their participation in school?

Please explain any "yes" answers _____

_____

_____

Has applicant been enrolled in honors or advanced placement courses? ❑ Yes ❑ No
If yes, please list.

Has applicant ever been tested or received special help for a reading or learning difficulty?
❑ Yes ❑ No. If yes, please discuss the results and include a copy of the report.

Has the applicant ever been diagnosed for or enrolled in any special education program or special school (e.g. resource room, L.D. placement, attention deficit, etc.)?
❑ Yes ❑ No. If yes, please explain.

**Grades 6–12: Please attach a copy of the applicant's most recent report card to this form.**

**Grades 9–12: Please also attach a copy of the applicant's current transcript to this Form.**
*If no current transcript is provided, on a separate page, please list classes taken, grades earned, and credit earned for each year of high school.*

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# Student Information

Name _____ Date _____

This form is to be completed by the student, in his/her own handwriting.

1. Is it your personal desire to attend Vancouver Christian? _____
   Why? _____
   _____
   _____

2. Do you have friends or acquaintances currently attending VC? _____
   Who? _____

3. What are your academic strengths and weaknesses? _____
   _____
   _____

4. What kinds of extracurricular activities do you enjoy? _____
   _____

5. Are you active in a local church? _____ Where? _____
   Please list the church activities in which you and your family participate: _____
   _____
   _____

6. Please use the space below to tell us what you believe regarding Jesus Christ.
   _____
   _____
   _____
   _____
   _____
   _____

*The following questions are for students entering grades 9–12*

7. Do you have a chosen career or field of study in mind? _____
   Explain: _____
   _____

8. Do you plan to attend college after graduation? ❑ Yes ❑ No ❑ Not Sure
   If yes, which colleges do you have in mind? _____

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# Parent/Guardian Agreement

Vancouver Christian is a distinctly Christian school. Our Goal and purpose is to educate young people from a Biblical perspective. It is our desire to work in cooperation with parents to achieve success with their children. As we work together to raise godly young people, we ask parents to agree to the following:

1. I will know and uphold the rules of the school concerning conduct and attendance and cooperate with the school in the enforcement of these rules. I will insist that my child(ren) conform to and comply with these rules and guidelines.

2. I will demonstrate and expect my child(ren) to demonstrate respect for the authority of the administration, teachers, and other staff members.

3. I will provide the means for my child(ren) to be prepared for school each day with lunches, books, and necessary materials.

4. I will play an active part in seeing that necessary time and effort are spent on homework.

5. I will train my child(ren) in cooperation with the school to respect the school facility and take financial responsibility for any damage caused.

6. I will be involved in school activities and attend parent meetings.

7. I agree to pay my financial obligations to the school on the date due and understand that late fees may be assessed when payment has not been made by the first of the month.

_____ _____
Parent/Guardian signature Date

_____ _____
Parent/Guardian signature Date

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# Student Agreement

*The following policies and expectations come from a deep desire to see each student at Vancouver Christian be successful in his or her personal relationship with Jesus Christ. These policies are not meant to be rigid or unfair. The intention is to help train a child in the way that he/she should go (Proverb 22:6), without the influence of unhealthy behavior and/or conduct. Each child is expected to abide by these standards while enrolled at VC. Failure to abide by these standards could bring about a student's dismissal from school.*

As a student of Vancouver Christian, I pledge to uphold the school's standards against stealing, cheating, swearing, smoking, immoral activity (including inordinate displays of affection and some types of dancing), vandalism, drinking alcoholic beverages, using or talking favorably about narcotics or other drugs, and using indecent language. I pledge to act in a very orderly and respectful manner. I will maintain Christian standards of courtesy, kindness, morality, and honesty. I will strive to be of unquestionable character in dress, conduct, and other areas of my life.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in Vancouver Christian. I will not give the impression to students, parents, or faculty that I am not in harmony with the goals, aims, and standards of this school.

Student signature _____

Date _____

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# Records Release

Date _____

Last school attended: _____

Address: _____

_____

Child's full name:_____

Date of birth: _____

Current grade or grade entering: _____

Parent signature: _____

_____

The above student is enrolled at Vancouver Christian.
Please release all available cumulative records (health, psychological, and academic) to the address listed above.

# MEDIA RELEASE

VC Students and Parents:

We are constantly updating our website and our printed promotional materials. We use many photos that include members of our student body and VC family to promote the school. We also use quotes or descriptions that pertain to students' lives at VC. We also use photos or reproductions of students' original artwork created while attending VC. *No private information will be posted.* Please feel free to take a look at our website at www.vancouverchristian.com to see examples of photos that we use and information that we present.

In order to accomplish this, we need to have permission both from the student and at least one parent. If the student is 18 or older, we only need the student's permission. Please mark the appropriate box below, then sign and date the form.

**Every student needs to return this form to the office.**

❑ I hereby release Vancouver Christian to use my image, personality, and name as needed in print or online media.
❑ I do not authorize Vancouver Christian to use my image, personality, or name in print or online media.

_____
Name (student)

_____ _____
Signature (student) Date

_____
Name (parent/guardian)

_____ _____
Signature (parent/guardian) Date

# Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

| Office Use Only: | |
|---|---|
| Reviewed by: | Date: |
| Signed Cert. of Exemption on file? ❑ Yes ❑ No | |

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Registry.

**Child's Last Name:** **First Name:** **Middle Initial:** **Birthdate** (mm/dd/yyyy): **Sex:**

Symbols below: ◆ Required for School and Child Care/Preschool
● Required for Child Care/Preschool Only

**Parent/Guardian Name** (please print):

**I certify that the information provided on this form is correct and verifiable.**

**Parent/Guardian Signature Required** **Date**

| Vaccine | Dose | Date Month | Date Day | Date Year |
|---|---|---|---|---|
| ◆ **Hepatitis B (Hep B)** | | | | |
| | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | | | | |
| **or Hep B - 2 dose alternate schedule for teens** | | | | |
| | 1 | | | |
| | 2 | | | |
| **Rotavirus (RV1, RV5)** | | | | |
| | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| ◆ **Diphtheria, Tetanus, Pertussis** (DTaP, DTP, DT) | | | | |
| | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |
| ◆ **Tetanus, Diphtheria, Pertussis** (Tdap, Td) | | | | |
| | 1 | | | |
| | 2 | | | |
| | | | | |
| ● ***Haemophilus influenzae* type b (Hib)** | | | | |
| | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| ● **Pneumococcal (PCV, PPSV)** | | | | |
| | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |

| Vaccine | Dose | Date Month | Date Day | Date Year |
|---|---|---|---|---|
| ◆ **Polio (IPV, OPV)** | | | | |
| | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | | | | |
| **Influenza (flu, most recent)** | | | | |
| | | | | |
| | | | | |
| ◆ **Measles, Mumps, Rubella (MMR)** | | | | |
| | 1 | | | |
| | 2 | | | |
| | | | | |
| | | | | |
| ◆ **Varicella (chickenpox)** or verify disease 1-4 ▶ | | | | |
| | 1 | | | |
| | 2 | | | |
| **Hepatitis A (Hep A)** | | | | |
| | 1 | | | |
| | 2 | | | |
| **Meningococcal (MCV, MPSV)** | | | | |
| | 1 | | | |
| **Human Papillomavirus (HPV)** | | | | |
| | 1 | | | |
| | 2 | | | |
| | 3 | | | |

**Office Use Only:** Immunization information updated and verified with parent/guardian permission:

| Printed Staff Name | Date | Printed Staff Name | Date |
|---|---|---|---|
| Printed Staff Name | Date | Printed Staff Name | Date |

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.
**Mark option 1, 2, 3, OR 4 below – see, back #5.**

**1) ❑ Chickenpox disease verified by printout from CHILD Profile Immunization Registry**
Must be marked by printout (not by hand) to be valid.

**2) ❑ Chickenpox disease verified by Health Care Provider (HCP)**
If you choose this box, mark 2A **OR** 2B below.
**2A)** ❑ Signed note from HCP attached **OR**
**2B)** ❑ HCP signed here and print name below:

**Licensed health care provider (HCP) Signature** **Date**
**(MD, DO, ND, PA, ARNP)**
**HCP Printed Name:** _____

**3) ❑ Chickenpox disease verified by school staff from CHILD Profile Immunization Registry**
If you choose this box, staff must initial that parent or guardian approves: _____(initial) _____(date)

**4) ❑ Chickenpox disease verified by parent***
If you choose this box, fill in the date or child's age when he or she had the disease:
Age/Date of disease:_____
*Can **ONLY** verify for some grades, see back #5 (4).

**If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.**

## Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.
**Signed lab report(s) MUST also be attached.**

| | | |
|---|---|---|
| ❑ Diphtheria | ❑ Mumps | ❑ Other: |
| ❑ Hepatitis A | ❑ Polio | _____ |
| ❑ Hepatitis B | ❑ Rubella | |
| ❑ Hib | ❑ Tetanus | _____ |
| ❑ Measles | ❑ Varicella | |

**Licensed health care provider (HCP) Signature** **Date**
**(MD, DO, ND, PA, ARNP)**
**HCP Printed Name:** _____

**Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Registry or filling it in by hand.**

**#1 To print with info filled in:** First, ask if your health care provider's office puts vaccination history into the CHILD Profile Immunization Registry (Washington's statewide database). If they do, ask them to print the CIS from CHILD Profile and your child's information will fill in automatically. **Be sure** to review all the information, **sign and date the CIS** in the upper right hand box, and return it to school or child care. If your provider's office does not use CHILD Profile, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below):

**#2 To fill in by hand:** Print your child's name, birthdate, sex, and your own name in the top box.

**#3** Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ▶

**EXAMPLE**

| Vaccine | Dose | Date | | |
|---|---|---|---|---|
| | | Month | Day | Year |
| ◆ **Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)** | | | | |
| DTaP | **1** | 01 | 12 | 2011 |
| DTaP | **2** | 03 | 20 | 2011 |
| DTaP | **3** | 06 | 01 | 2011 |

**#4** If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

**#5** If your child has had chickenpox (varicella) disease and not the vaccine, **use only one** of these four options to record this on the CIS:

1) ❑ If your child's CIS is printed directly from the CHILD Profile Immunization Registry (by your health care provider or school system), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the Immunization Registry printout (not by hand).
2) ❑ If your health care provider (HCP) can verify that your child has had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your HCP, or 2B if your HCP signs and dates in the space provided. Be sure your HCP's full name is also printed.
3) ❑ If school staff access the CHILD Profile Immunization Registry and see verification that your child has had chickenpox, they will mark box 3. Then, they must initial and date that they got parent or guardian approval to mark this box (i.e. make this change) to the CIS.
4) ❑ If your child started kindergarten in the 2008-2009 school year or later, you **CANNOT** use this box. If your child started kindergarten before the 08-09 school year, mark this box if you know he or she has had chickenpox. If you mark box 4, you must also write the approximate age or date your child had chickenpox. To find out which grades require chickenpox vaccine (or history), visit: http://www.doh.wa.gov/cfh/immunize/schools/vaccine.htm

**#6** Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your health care provider (HCP) fill in this box. Ask your HCP to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.

**#7** Be sure to **sign and date the CIS** in the upper right hand box, and return to school or child care.

**#8** If a school or child care makes a change to your CIS, staff will print their name in the middle bottom box and date to show that you gave approval.

# Reference Guide

**Vaccine Trade Names in alphabetical order** (For updated lists, visit http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf)

| Trade Name | Vaccine | Trade Name | Vaccine | Trade Name | Vaccine | Trade Name | Vaccine | Trade Name | Vaccine |
|---|---|---|---|---|---|---|---|---|---|
| ActHIB | Hib | Engerix-B | Hep B | Ipol | IPV | Pentavalente | DTaP + Hep B + Hib | TriHIBit | DTaP + Hib |
| Adacel | Tdap | Fluarix | Flu (TIV) | Infanrix | DTaP | Pneumovax | PPSV or PPV23 | Tripedia | DTaP |
| Afluria | Flu (TIV) | FluLaval | Flu (TIV) | Kinrix (Knrx) | DTaP + IPV | Prevnar | PCV or PCV7 or PCV13 | Twinrix (Twnrx) | Hep A + Hep B |
| Boostrix | Tdap | FluMist | Flu (LAIV) | Menactra | MCV or MCV4 | ProQuad (PrQd) | MMR + Varicella | Vaqta | Hep A |
| Cervarix | HPV2 | Fluvirin | Flu (TIV) | Menomune | MPSV or MPSV4 | Quadracel (Qdrcl) | DTaP + IPV | Varivax | Varicella |
| Comvax (Cmvx) | Hep B + Hib | Fluzone | Flu (TIV) | Pediarix (Pdrx) | DTaP + Hep B + IPV | Recombivax HB | Hep B | | |
| Daptacel | DTaP | Gardasil | HPV4 | PedvaxHIB | Hib | Rotarix | Rotavirus (RV1) | | |
| Decavac | Td | Havrix | Hep A | Pentacel (Pntcl) | DTaP + Hib + IPV | RotaTeq | Rotavirus (RV5) | | |

**Vaccine Abbreviations in alphabetical order** (For updated lists, visit http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf)

| Abbreviations | Full Vaccine Name | Abbreviations | Full Vaccine Name | Abbreviations | Full Vaccine Name | Abbreviations | Full Vaccine Name |
|---|---|---|---|---|---|---|---|
| DT | Diphtheria, Tetanus | Hep A (HAV)<br>Hep B (HBV) | Hepatitis A<br>Hepatitis B | MPSV or MPSV4 | Meningococcal Polysaccharide Vaccine | Rota (RV1 or RV5) | Rotavirus |
| DTaP | Diphtheria, Tetanus, acellular Pertussis | Hib | *Haemophilus influenzae* type b | MMR / MMRV | Measles, Mumps, Rubella / with Varicella | Td | Tetanus, Diphtheria |
| DTP | Diphtheria, Tetanus, Pertussis | HPV | Human Papillomavirus | OPV | Oral Poliovirus Vccine | Tdap | Tetanus, Diphtheria, acellular Pertussis |
| Flu (TIV or LAIV) | Influenza | IPV | Inactivated Poliovirus Vaccine | PCV or PCV7 or PCV13 | Pneumococcal Conjugate Vaccine | TIG | Tetanus immune globulin |
| HBIG | Hepatitis B Immune Globulin | MCV or MCV4 | Meningococcal Conjugate Vaccine | PPSV or PPV23 | Pneumococcal Polysaccharide Vaccine | VAR or VZV | Varicella |

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

**DOH 348-013 January 2010**

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# Student Application Reference

Parents: Please have the person filling out this reference form mail it directly to the school (address above). It is suggested you provide a stamped self-addressed envelope.

Student's name _____ Currently in grade _____

1. How long have you known the applicant? _____
2. In what capacity do you know the applicant? _____
3. Do you know the family of the applicant? _____
4. Is regular church attendance and participation in church activities a characteristic of this applicant and his or her family? _____
5. How would you rate the applicant according to these qualities:

| | Poor | Fair | Average | Good | Superior |
|---|---|---|---|---|---|
| a. Responds to authority | ❑ | ❑ | ❑ | ❑ | ❑ |
| b. Demonstrates responsibility | ❑ | ❑ | ❑ | ❑ | ❑ |
| c. Follows directions | ❑ | ❑ | ❑ | ❑ | ❑ |
| d. Demonstrates dependability | ❑ | ❑ | ❑ | ❑ | ❑ |
| e. Demonstrates self-control | ❑ | ❑ | ❑ | ❑ | ❑ |
| f. Demonstrates courtesy/kindness | ❑ | ❑ | ❑ | ❑ | ❑ |
| g. Demonstrates flexibility | ❑ | ❑ | ❑ | ❑ | ❑ |
| h. Demonstrates leadership | ❑ | ❑ | ❑ | ❑ | ❑ |
| i. Shows deference to others | ❑ | ❑ | ❑ | ❑ | ❑ |
| j. Demonstrates honesty/integrity | ❑ | ❑ | ❑ | ❑ | ❑ |

Comment on any of above: _____

_____

6. Would you anticipate success for this applicant in a structured, controlled, academic environment?
   Yes ❑ No ❑ Comment: _____

   _____
7. In your opinion, how well does the applicant handle peer pressure? _____

   _____
8. Do you note any characteristics that would indicate difficulty for this applicant functioning in a disciplined academic situation? _____

   _____
9. Do you recommend this applicant for admission? _____

**Signed: Name (sign, then print)** _____

**Address** _____

_____

**Phone** _____ **Date** _____

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1. How long have you known the applicant? _____
2. In what capacity do you know the applicant? _____
3. Do you know the family of the applicant? _____
4. Is regular church attendance and participation in church activities a characteristic of this applicant and his or her family? _____
5. How would you rate the applicant according to these qualities:

| | Poor | Fair | Average | Good | Superior |
|---|---|---|---|---|---|
| a. Responds to authority | ❑ | ❑ | ❑ | ❑ | ❑ |
| b. Demonstrates responsibility | ❑ | ❑ | ❑ | ❑ | ❑ |
| c. Follows directions | ❑ | ❑ | ❑ | ❑ | ❑ |
| d. Demonstrates dependability | ❑ | ❑ | ❑ | ❑ | ❑ |
| e. Demonstrates self-control | ❑ | ❑ | ❑ | ❑ | ❑ |
| f. Demonstrates courtesy/kindness | ❑ | ❑ | ❑ | ❑ | ❑ |
| g. Demonstrates flexibility | ❑ | ❑ | ❑ | ❑ | ❑ |
| h. Demonstrates leadership | ❑ | ❑ | ❑ | ❑ | ❑ |
| i. Shows deference to others | ❑ | ❑ | ❑ | ❑ | ❑ |
| j. Demonstrates honesty/integrity | ❑ | ❑ | ❑ | ❑ | ❑ |

Comment on any of above: _____

_____

6. Would you anticipate success for this applicant in a structured, controlled, academic environment?
   Yes ❑ No ❑ Comment: _____

   _____
7. In your opinion, how well does the applicant handle peer pressure? _____

   _____
8. Do you note any characteristics that would indicate difficulty for this applicant functioning in a disciplined academic situation? _____

   _____
9. Do you recommend this applicant for admission? _____

**Signed: Name (sign, then print)** _____

**Address** _____

_____

**Phone** _____ **Date** _____