

PERSONAL REFERENCE

BEREAN CHRISTIAN SCHOOL

A ministry of Edgemont Bible Church

5100 North Illinois Street

Fairview Heights, IL 62208

(618) 825-0609

Your Name: _____ Phone: _____

Address: _____

_____ is applying for admission to Berean Christian School. You would greatly assist us by completing this form and sending it to us at the above address. Thank You.

YOUR RESPONSES ARE STRICTLY CONFIDENTIAL

PLEASE BE FRANK

1. How long have you known the applicant? _____
2. How well acquainted with the applicant are you? (circle)
Closely Casually Not Well
Other _____
3. What was the source of your acquaintance with the applicant? (circle)
Job Church School Other _____
4. What, in your opinion, is the spiritual attitude of the applicant? (circle)
Interested Indifferent Antagonistic Do not know
Other _____
5. In your opinion, do you feel that the applicant will be able to respond positively to a highly disciplined learning environment? (circle) Yes No Other _____
6. Are you aware of an attitude of "rebellion" (overt or suppressed) by the applicant to parental, school, church, civil, or other adult authority? (circle) Yes No Other _____