



Current School Reference

_____ (name of current school)

TO PARENTS OR GUARDIAN:

Please complete the statement in the box below, including date and your signature. This authorization allows the above referenced school to release information to Rock County Christian School. Submit this Form D to your child's current teacher, principal, or counselor for completion. Please have them return the completed form to Rock County Christian School as soon as possible.

I, the Parent/Guardian, authorize the release of information described below as requested by Rock County Christian School for (name of perspective RCCS student) _____, who is applying for the ___ grade.
Birth date: _____.
Signature of Parent/Guardian: _____ Date _____

TO THE SCHOOL THE STUDENT IS PRESENTLY ATTENDING:

The above named student has applied to Rock County Christian School. This child has not been accepted at this time. We would appreciate the following information on the prospective student. The data you give us will be treated in confidence. We would appreciate the information at your earliest convenience. If the student is accepted, we will send for the school records. Please mail this form to Rock County Christian School as soon as possible. Thank you!

TO BE COMPLETED BY THE TEACHER, PRINCIPAL, OR COUNSELOR OF CURRENT SCHOOL

Name of person Completing this form: _____ Title: _____

Name of School: _____ Telephone: _____

Address (city, state, zip) _____

In what capacity have you known the applicant? _____

Attendance (please circle one) Good Average Poor (if poor please explain below)

Achievement level in:	Above Average	Average	Below Average
Reading	_____	_____	_____
Language	_____	_____	_____
Math	_____	_____	_____

How would you rate this student academically? (Please circle one)

Excellent Very Good Good Fair Poor

What are the applicant's academic strengths? _____

What are the applicant's academic weaknesses? _____

Please comment on the applicant's reading skills. _____

Please comment on the applicant's writing skills. _____

Please comment on the applicant's social skills and behavior. _____

Has the applicant had any history of, or been evaluated for, any physical or emotional conditions, or a learning disability that may require special attention at Rock County Christian School? _____

Please indicate your answer by circling one of the follow choices for each category:

Shows leadership skills:	Excellent	Very Good	Good	Fair	Poor
Works cooperatively in class:	Excellent	Very Good	Good	Fair	Poor
Listens in a group:	Excellent	Very Good	Good	Fair	Poor
Respects school rules:	Excellent	Very Good	Good	Fair	Poor
Interaction with peers:	Excellent	Very Good	Good	Fair	Poor
Creativity:	Excellent	Very Good	Good	Fair	Poor
Communication with teachers:	Excellent	Very Good	Good	Fair	Poor
Self-Motivation	Excellent	Very Good	Good	Fair	Poor
Response to adversity:	Excellent	Very Good	Good	Fair	Poor
Dependability:	Excellent	Very Good	Good	Fair	Poor
Flexibility:	Excellent	Very Good	Good	Fair	Poor

We welcome any further comments you may have concerning the academic or social development of this child.

Are you aware of any health related problems or concerns? If yes, please explain. _____

PLEASE MAIL THIS COMPLETED FORM DIRECTLY TO: Rock County Christian School
Attn: Principal
916 Bushnell
Beloit, Wi 53511