



I-20 STUDENT REFERENCE

Please mail or fax this form directly to:

Admissions Office
 Orlando Christian Prep
 500 South Semoran Blvd.
 Orlando, FL 32807
 Fax: 407.380.1186

Instructions for parents: Please give this form to your child’s present/former school. The enrollment process will not be completed until it is returned by the school.

Instructions for school/pre-school: The student named below has applied for admission to **Orlando Christian Prep**. Your evaluation of the applicant will be an invaluable tool in the admissions process. *Your remarks will be kept confidential.* Thank you for your assistance.

Name of Student _____ Current Grade _____

How long has the student been in your school? _____

Please circle the appropriate response:

Below **Above**
Average Average Average Outstanding

Academic Potential	1	2	3	4
Academic Achievement	1	2	3	4
Initiative/Motivation	1	2	3	4
Leadership Potential	1	2	3	4
Conduct and Discipline	1	2	3	4
Social Skills	1	2	3	4
Concern for Others	1	2	3	4
Dependability	1	2	3	4
Attendance	1	2	3	4
Parental support of school and policies	1	2	3	4
Tuition and other fees paid in timely manner	1	2	3	4
Writing mechanics	1	2	3	4
Writing Style	1	2	3	4
Writing Content	1	2	3	4
Reading Comprehension	1	2	3	4
Intellectual Curiosity	1	2	3	4
Motivation	1	2	3	4
Participation	1	2	3	4
Personal Conduct	1	2	3	4
Personal Integrity	1	2	3	4
Overall Recommendation	1	2	3	4

Please check if the student has been tested/qualified for any of the following:

Gifted Program Speech/Language Program Learning Disabilities ESOL Title 1
 ADD/ADHD Emotional Disorder Other (explain) _____

Was the testing completed? Yes No Results of testing? Please attach copy if possible.

Has student ever been suspended or expelled from your school? Yes No

If "yes" please explain: _____

Please provide any information which you feel will be useful in our assessment of this applicant. Your comments are, of course, confidential. If you wish to discuss this applicant personally, please contact the Admissions Office at 407.823.9744

Your Name: _____ Date: _____

School: _____ Position: _____

School Address _____

Telephone # _____