

CORNERSTONE CHRISTIAN ACADEMY Student Recommendation Form

Student's Name		Last Grade Al	Last Grade Attended	
Street	City	State	Zip	
Grade apply	ing for at CCA	School	School year	
and two from additional so Kindergarten applicants. C References are to return th	rms are required for grades 1 thool personnel. Only one reconcerned the above section and nese forms directly to CCA's officernerstone Christian Academy and the section of the section and the section of the section o	mmendation is required for I send to the appropriate re- ice. Recommendations bec	r eferences. come the	
 Parent/Guard	lian Signature	 Date		

To Teachers and Other School Personnel:

The above-named student has made application to Cornerstone Christian Academy and has submitted your name as a reference. Please complete this form and mail or FAX it directly to the Administrative Offices of Cornerstone Christian Academy. This information will be kept strictly confidential.

Mail Directly to: Cornerstone Christian Academy

Attention: Admissions

P. O. Box 1608

Bloomington, IL 61702-1608

Or

Email to: Office@CornerstoneChristian.com

FAX to: Cornerstone Christian Academy

(309)662-9904

(over)

1	Name of School	Phone Num	Phone Number	
	Subject/Grade Taught	How long have you kno	wn appli	
Pri	ncipal Current Teacher	Former Teacher	Other _	
2. To	your knowledge, will applicant be s	uccessful at CCA?		
 3. To	your knowledge, has applicant had	any history of physical or emotional	l probler	
4. Ha	s applicant ever been suspended or	expelled? If so, please ex	plain	
		any history of involvement with alco		
6. Ha	s applicant ever had an IEP or 504	? If so, please explain		
	ase use the following scale to rate t – Below Average 2 – Average 3 -	he student on individual qualities: - Above Average 4 – Outstanding	5 – N/A	
	Academic ability	Emotional maturity		
	Attitude Motivation	Creativity Leadership		
	Self-discipline	Respect for peers		
	Respect for authority	Integrity		
8. Ple	ase give additional comments, inclu	ding information about parental inv	olvemen	
	Signature	Date		
Print	name	Phone #		