DESERT ADVENTIST
ACADEMY

RECOMMENDATION
ENROLLMENT YEAR
to

(This form is to be filled out for all new 1st-8th grade students requesting admission to this school)

Student's Name _____ Grade entering ____

Please give this form to your former principal, one former teacher, and current pastor of your church.

To the Principal, Teacher or Pastor:

_____ has applied to our school and we would like your evaluation of him/her to determine final acceptance in our school. All information will be kept strictly confidential.

UPON COMPLETION, PLEASE MAIL TO THE ADDRESS LISTED BELOW

How long have you known this student?
_____

In what capacity have you known the student? Principal ____ Teacher ____ Pastor ____
For what reason is the student changing schools? Conduct ____ Financial ____ Relocation ____
Achievement ____ Other _____

Please check below, in your judgment, how the applicant ranks:

	Superior	Above Avg	Average	Below Avg	Unknown
Conduct	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Achievement	_____	_____	_____	_____	_____
Motivation	_____	_____	_____	_____	_____
Positive Influence	_____	_____	_____	_____	_____
Respect for Teachers/Parents	_____	_____	_____	_____	_____
Obedience to regulations	_____	_____	_____	_____	_____

To your knowledge does this student:
Smoke? ____ Use drugs? ____ Use Alcohol? ____ Use indecent language? ____

Please note any disciplinary action, censure, suspension, or expulsion _____
_____

Would you be happy for this student to associate with your child? _____

COMMENTS: _____

THANK YOU FOR TAKING TIME TO COMPLETE THIS FORM

Name _____ Telephone interview _____

Position _____ Date _____

Phone # _____ Interviewed by _____

74-200 Country Club Dr. Palm Desert, CA 92260 Phone: (760) 779-1799 Fax: (760) 779-0179