

APPLICANT'S NAME

APPLICANT'S CURRENT GRADE

	Yes	No	Unable to Assess
Student readily accepts authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student has an acceptable attendance record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student's parents are cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain reasons for questions marked "No."

Would prefer to receive a phone call.

If the student has ever been suspended or expelled, please describe circumstances:

Overall Recommendation:  Enthusiastically recommend       Recommend without hesitation  
 Recommend with hesitation       Do not recommend

Additional comments:

REFERENCE'S NAME

SIGNATURE

SCHOOL

TITLE/POSITION

E-MAIL

PHONE

Please send the recommendation to:  
**QUAD CITIES CHRISTIAN SCHOOL, ADMISSIONS OFFICE**  
**4000 11<sup>th</sup> Street, Moline, IL 61265**

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Or you may FAX 309-762-8150  
Or E-mail qcchristianschool@gmail.com