



PRINCIPAL/TEACHER/GUIDANCE COUNSELOR RECOMMENDATION FORM

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 11th Street, Moline, IL 61265

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