



1052 Fairfield Ave.
Eugene, OR 97402
(541) 689-5847

Lifegate Christian School

CONFIDENTIAL EDUCATIONAL REFERENCE

To be filled out by a teacher, principal, etc. of the student.

Name of Applicant _____ Applying to Grade _____

My son/daughter is applying for admission to Lifegate Christian School. I would appreciate your completing this form and returning it directly to the school. I hereby authorize the release of my child's records and/or evaluative data to Lifegate Christian School

Parent Signature: _____ Date: _____

In what capacity and for how long have you known the applicant? _____

Your candid estimate of the applicant will be of value to us, and your comments will be held in strict confidence. Please indicate your ratings by numbers in the right hand column. Use a question mark where you have insufficient evidence.

	5	4	3	2	1	RATING
ACADEMIC ABILITY	Exceptional	Above Average	Average	Lower marginal ability	Poor academic risk	
INITIATIVE, DRIVE	Outstanding, resourceful	Well above the average	Generally strong enough	Occasionally weak	Very weak or lacking	
LEADERSHIP & RESPONSIBILITY	Outstanding, top positions	Commendable, top or next to top positions	Capable, minor positions, good	No sign of leadership or involvement	Record of irresponsibility	
INTEREST IN NON-ACADEMIC ACTIVITIES	Outstanding	Commendable, top or next to top positions	Active participation	Minor participation	No	
PARENTAL SUPPORT	Exceptional	Quite good	Average	Sometimes unsupportive	Often unsupportive, critical of school	
PEER RELATIONSHIPS	Highly respected, well-liked	Respected/liked	Accepted, but not sought out	Some difficulty in cultivating	Poor/unhealthy, unskilled socially	
PERSONAL QUALITIES	Superior personal qualities	Great strengths in personal qualities	Strengths outweigh weaknesses	Somewhat immature for age	Very immature for age	
EMOTIONAL	Extremely well balanced	Well balanced	Usually no problems	Some problems	Many problems	
SUMMARY AS A STUDENT	Outstanding	Above average	Average	Below average	Poor	
SUMMARY AS A PERSON	Outstanding	Above average	Average	Below average	Poor	

Does this student have any significant limitations? (physical, social, mental, emotional) _____

Has the student been punctual and regular in attendance? Yes No

Is the student eligible to pass to the next grade? Yes No

Signature of Teacher _____ Date: _____

Please Print Name: _____ Position: _____

Name of School _____ Phone Number: _____

THANK YOU FOR YOUR TIME IN FILLING OUT THIS FORM

For confidentiality purposes, please seal envelope, sign over seal, and return Attn: Records Clerk to the address above.
Lifegate Christian Mid/High School 11/12 New Student Registration

