



VALLEY CHRISTIAN SCHOOLS
6900 W. Galveston St., Chandler, AZ 85226-2508
(480)705-8888 Fax (480)705-8889
valleychristianaz.org

Please upload this form as part of your online application.

(Name of Applicant) _____ Current Grade _____

The above applicant has authorized the completion of this form by the character reference and evaluation provider. The person completing the evaluation acknowledges that VCS may use said information in the decision process of whether to admit the applicant to the school.

How long have you known the applicant? _____ In what relationship? _____
Subject taught? _____

Table with 6 columns: Evaluation criteria (e.g., Academic Achievement, Creativity, Leadership Ability) and five performance levels: No Knowledge, Poor, Average, Strong, Outstanding.

Has applicant ever, to your knowledge, had serious discipline issues at the school? _____

What are the applicant's strong points (special abilities)? _____

In what areas is improvement needed? _____

Would you recommend this student for admittance to Valley Christian Schools?

- Recommend Do not recommend Recommend with reservations (please explain)

Teacher's Name _____ Date _____

Name of School _____ School Address _____

City _____ ST _____ Zip _____ School Phone _____

Summer contact information: Cell Phone _____ Email _____

(Please use backside of this sheet for any additional information which you think might be useful to us in our evaluation.)