



SALISBURY

CHRISTIAN SCHOOL

PERSONAL REFERENCE FORM

Dear Friend,

You have been asked by the family listed below to complete this reference form. They have applied for admission of their child(ren) to Salisbury Christian School. SCS is an interdenominational, state approved, accredited Christian school serving Christian families in Salisbury and surrounding communities. The mission of SCS is to honor Jesus Christ by offering a comprehensive educational program founded upon Biblical truth and academic excellence. SCS is an educational resource for families who are committed to a Christian education and high academic standards for their children.

We ask that this form be completed by a friend or acquaintance of the applying family, not a relative. If you are a relative, you may simply return this blank form to the family. Thank you for your assistance in the admission process.

PARENTS' NAMES: _____

STUDENTS APPLYING TO SCS: _____

1) The school's philosophy of education and standards for student conduct are derived from Biblical teachings. Do you feel this family will uphold the school's Biblical philosophy and standards?

Strongly Disagree Strongly Agree
1 2 3 4 5

2) The school's ministry requires active parental involvement in every aspect of the life of the educational process. Do you feel the parents of this applicant would be involved in the school's educational program as much as possible?

Strongly Disagree Strongly Agree
1 2 3 4 5

3) The students of SCS are challenged academically to a high standard. Do you feel the student would receive encouragement and support from his/her parents in meeting these goals?

Strongly Disagree Strongly Agree
1 2 3 4 5

4) The administrators and teachers at SCS work to maintain a positive school atmosphere where respect for authority and obedience to school rules and policies is anticipated. Do you feel this family would support and foster this atmosphere?

Strongly Disagree Strongly Agree
1 2 3 4 5

5) Please check the primary reason you feel this family is applying to SCS:

- | | |
|--|--|
| <input type="checkbox"/> Dissatisfaction with another school | <input type="checkbox"/> Commitment to Christian education |
| <input type="checkbox"/> Desire for high academic standards | <input type="checkbox"/> Desire for controlled classroom environment |
| <input type="checkbox"/> Uncertain | |

(over)

6) What is your relationship to this family? _____

7) How long have you known the family? _____

Please provide any additional information that may help us to ensure that SCS is a good placement for this family and that the children have a good chance of success:

Is there any information you would like to share which should remain confidential?

YOUR NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____ **TODAY'S DATE:** _____

SIGNATURE: _____

Thank you for your assistance. Please return this form to the Admissions Office of Salisbury Christian School by email, fax, or mail as soon as possible.

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Phone: 410-546-0661**