



# High School Reference Form Gloucester County Christian School

This form is to be filled out by an adult that knows the applicant who is named below. It should **not** be given to an immediate family member, pastor, youth worker or Sunday school teacher. It will be used to help the admissions committee make a well-informed decision about enrollment at Gloucester County Christian School. We appreciate your candid opinions and remarks concerning this applicant.

*(To be completed by student)*

Student name \_\_\_\_\_  
 School currently attending \_\_\_\_\_  
 Grade entering \_\_\_\_\_

Please give this form to the person filling the reference after filling out the top section.

Name of person completing this form \_\_\_\_\_  
 What is your relationship to the applicant? \_\_\_\_\_  
 How long have you known the applicant? \_\_\_\_\_  
 Is the applicant "regular" in attendance at youth meetings and functions? \_\_\_\_\_

Please answer the following using the number scale given.

The applicant is open to spiritual instruction.

1	2	3	4	5	6	7	8
VERY					NOT AT ALL		DON'T KNOW

The applicant is in favor of attending a Christian school.

1	2	3	4	5	6	7	8
VERY					NOT AT ALL		DON'T KNOW

The applicant is a positive influence and testimony for Jesus Christ.

1	2	3	4	5	6	7	8
VERY					NOT AT ALL		DON'T KNOW

As far as you can tell, there is a sense that parents and those in authority are respected.

1	2	3	4	5	6	7	8
VERY					NOT AT ALL		DON'T KNOW

To the best of your knowledge, is the applicant saved?      Is there evidence of this salvation?      Please briefly explain.

Please use the back of this form for any comments you may wish to make.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you.

Admissions Committee—GCCS

Please mail to:

GCCS  
 151 Golf Club Road  
 Sewell, NJ 08080