



# CROSSROADS CHRISTIAN SCHOOL

P.O. Box 249 ♦ Henderson, NC 27536 ♦ (252) 431-1333 Office ♦ (252) 431-0333 Fax ♦ www.ccscolts.org

## Teacher/Administrator Recommendation

Student's Name: \_\_\_\_\_ Applying for grade: \_\_\_\_\_

Date: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_  
*Street City State Zip*

Please indicate your rating by checking the appropriate box. Use a question mark where you have insufficient information. Your candid estimate will be of invaluable assistance to the Admissions Office, and **your comments will be held in strict confidence.**

	Exceptional	Above Average	Average	Below Average	Poor
Academic Performance					
Academic Ability					
Motivation					
Extracurricular Activities					
Respect by Faculty					
Emotional Stability					
Personal Appearance					
Physical Condition					
Respect for Authority					
Accepts Responsibility for Behavior					
Leadership Qualities					

1. In what capacity and how long have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_

2. Please comment on the applicant's attitude toward school. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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3. To your knowledge, has the applicant had any history of involvement with drugs, alcohol, or juvenile delinquency? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What is your candid estimation of the candidate's moral character? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Has the applicant ever been suspended or expelled? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. To your knowledge, has the student had any history of conduct or behavior problems?  
Yes \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
No \_\_\_\_\_ \_\_\_\_\_

7. Does the candidate have any history of learning disability or has he/she required any special help to meet academic requirements? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Additional comments, if needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I recommend this student:  Enthusiastically  Strongly  With reservation  
 I would not recommend this student.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return within one week to:**  
**CCS Admissions Office**  
**P.O. Box 249**  
**Henderson, NC 27536**  
**Or fax to: 252-431-0333**