



**OAKLAND
CHRISTIAN**
— S C H O O L —

Oakland Christian Student & Family Recommendation Form

Section A. TO BE COMPLETED BY THE PARENT OR LEGAL GUARDIAN.

I, the undersigned parent/guardian, authorize you to release information requested by Oakland Christian School regarding the following student:

_____ is applying for admission to grade _____.
Student's Full Name Grade

Signature of Parent/Guardian Date

Section B. TO BE COMPLETED BY THE PRINCIPAL OR COUNSELOR FROM CURRENT SCHOOL.

Thank you for taking the time to complete this recommendation. The above mentioned student is applying for admission to **Oakland Christian School**. The information you provide will be treated with the strictest of confidence. Please fax the completed form to **(248) 373-9255**. *(If information is not applicable to student, please leave blank).*

Social and Academic History:

<input checked="" type="checkbox"/> Appropriate Box	Exemplary	Above Average	Average	Below Average	Unknown
Behavior					
Respect for Authority					
Choice of Associates					
Attendance					
Motivation					
Study Habits					
Oral Communication					
Written Communication					
Works Independently					
Works Cooperatively					
Creativity					
Family Cooperation					

1. Has the student ever been referred to the office, counselor, or principal, etc. for behavioral discipline? Yes No

If yes, please explain: _____

2. Has the student ever received any type of suspension? Yes No If yes, please explain: _____

I recommend this student Enthusiastically Strongly Moderately With Reservation

[Please Explain] _____

Name of Evaluator _____ Title _____ Date _____

Signature _____ Name of School _____

Email _____ Phone Number _____

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