



PROFESSIONAL RECOMMENDATION FORM

Applicant's Name: _____

PARENTS, INDICATE YOUR RESPONSE TO THE FOLLOWING STATEMENT.

I do do not waive my rights to review these documents as part of the educational records in accordance with FERPA (Family Educational Records Protection Act).

This form should be completed by a pastor, teacher, counselor, or other professional who has recently worked with the student. This form may not be completed by a family member or a friend of the family.

Oakdale Christian Academy is a boarding and day school that provides quality college-preparatory education in a small, structured, nurturing environment for students who desire an opportunity to grow academically, spiritually and socially. This information will be used only in a professional manner in order to best meet the needs of the student.

PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT. RATHER, MAIL IT DIRECTLY TO OAKDALE CHRISTIAN ACADEMY AT THE ADDRESS PRINTED AT THE END OF THIS FORM.

Your name (please print) _____ Phone _____

Address _____

Job title _____

How long have you known the applicant and in what capacity? _____

Please circle the appropriate number to describe the applicant:

	Below Average				Average			Above Average			
General Personality	1	2	3	4	5	6	7	8	9	10	
Appearance	1	2	3	4	5	6	7	8	9	10	
Helpfulness	1	2	3	4	5	6	7	8	9	10	
Emotional Stability	1	2	3	4	5	6	7	8	9	10	
Sociability	1	2	3	4	5	6	7	8	9	10	
Resourcefulness	1	2	3	4	5	6	7	8	9	10	
Integrity	1	2	3	4	5	6	7	8	9	10	
Cooperativeness	1	2	3	4	5	6	7	8	9	10	
Leadership	1	2	3	4	5	6	7	8	9	10	
Work Habits	1	2	3	4	5	6	7	8	9	10	
Moral Stability	1	2	3	4	5	6	7	8	9	10	
Accepts Correction	1	2	3	4	5	6	7	8	9	10	
Honesty	1	2	3	4	5	6	7	8	9	10	

Comments: _____

Name of Student _____

Please check the applicant's primary interests (as you know them).

_____ Artistic	_____ Social	_____ Athletic	_____ Literary
_____ Dramatic	_____ Musical	_____ Scientific	_____ Religious

Can you describe any honors won or achievements accomplished by the applicant? _____

To your knowledge, is the applicant in good health? _____

To your knowledge, does the applicant use or has the applicant used the following in any form?

_____ Tobacco	_____ Drugs	_____ Alcohol
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If yes, please elaborate _____

Give your knowledge concerning the family and social background of the applicant. _____

Taking into account the ability and personal qualities of the applicant and the standards of a Christian school, please check the appropriate statement.

In terms of the applicant's intellectual ability:

_____ I recommend this applicant
 _____ I recommend this applicant with reservations
 _____ I do not recommend this applicant

In terms of the applicant's personal characteristics:

_____ I recommend this applicant
 _____ I recommend this applicant with reservations
 _____ I do not recommend this applicant

If you recommend this applicant with reservations, please explain. _____

Please use this space for any additional comments or information concerning the applicant. _____

Signed _____

Date _____

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