

Mills River Seventh-day Adventist School
2142 Jeffress Road, Mills River NC 28759
Phone: 828-785-2319 Fax: 828-891-2021

Student Recommendation

Principal/Teacher

Pastor/Spiritual Leader

(Known in the last 2 years and not a relative)

PART I - TO BE FILLED OUT BY THE APPLICANT

Please list your name and school on this form, and then have it completed and returned to us by the individual as noted above who knows you well.

Name of Applicant _____

School (attended/attending) _____

PART II - TO BE FILLED OUT BY THE APPRAISER

The above student is applying for admission to Mills River Seventh-day Adventist School. We value your comments highly and ask that you give a full and candid report so fair consideration may be given the applicant. We also ask for careful ratings and comments about the applicant's character and ability. An incomplete report may lessen the student's chances for admission. Please call 828-785-2319 with any questions.

Please circle the appropriate number.
Excellent Outstanding Average Low Poor

1. Academic Motivation	5	4	3	2	1
2. Intellectual Ability	5	4	3	2	1
3. Attitude Toward Authority	5	4	3	2	1
4. Interpersonal Relationships	5	4	3	2	1
5. Emotional Maturity	5	4	3	2	1
6. Integrity	5	4	3	2	1
7. Christian Influence	5	4	3	2	1
8. Personal Appearance	5	4	3	2	1
9. Industry	5	4	3	2	1
10. Soundness of Financial Responsibility	5	4	3	2	1

PLEASE CHECK ONE:

_____ I recommend the applicant without reservation.

_____ I cannot recommend the applicant at this time. (Please explain below)

_____ I recommend the applicant with reservation.

_____ I do not know enough about the applicant to recommend. (Please explain below)

SUMMARY: Special conditions or comments _____

Signature _____ Position _____ Date _____

Address _____ Phone _____