

# New Hope Christian School

5961 New Hope Rd.  
Grants Pass, OR 97527  
nhcs@newhopechristian.net  
Ambassadors for Christ  
Armed for Kingdom Work



541-476-4588  
(fax) 541-474-7626  
[www.newhopechristian.net](http://www.newhopechristian.net)  
"Thy Word is a Lamp unto my feet  
and a Light unto my path." Psalm 119:105

## CONFIDENTIAL INTERNATIONAL STUDENT PERSONAL REFERENCE

Return in a sealed envelope, with student's name in lower corner – Personal Reference or

PLEASE RETURN DIRECTLY TO THE SCHOOL; EMAIL – [IS@newhopechristian.net](mailto:IS@newhopechristian.net).

STUDENT'S NAME \_\_\_\_\_

1. How do you know this student and his/her family? (Friend, family member, co-worker, etc.) \_\_\_\_\_

2. How long have you known this student and family? \_\_\_\_\_

3. Please rate the applicant according to the following qualities:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
A. Demonstrates Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Demonstrates Honesty/ Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Responds to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Demonstrates Self-Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Demonstrates Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Demonstrates Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Demonstrates Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Follows Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Demonstrates Courtesy/Kindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment on any of above qualities: \_\_\_\_\_

4. In your opinion, how well does the applicant handle peer pressure? \_\_\_\_\_

5. Do you think it will be difficult for this student in a disciplined academic setting? \_\_\_\_\_

6. Do you recommend this applicant for admission? \_\_\_\_\_ any additional comments? \_\_\_\_\_

Name of person giving this reference \_\_\_\_\_

Signature \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Date \_\_\_\_\_