



Westminster

CHRISTIAN SCHOOL

6855 SW 152 Street, Miami, FL 33157
 www.wcsmiami.org
 (305) 233-2030
 (305) 253-9623 fax

School Recommendation Form

For students applying for grades K5 through 12.

Name of applicant _____ Grade for which applying _____

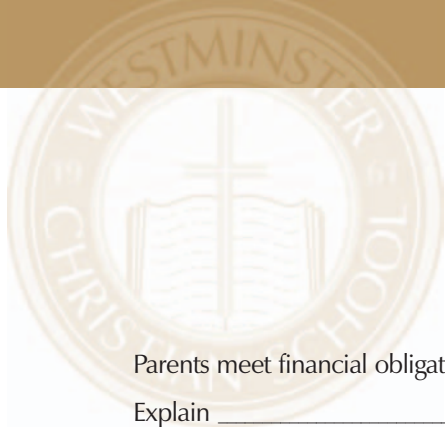
This student is seeking admission to Westminster Christian School. Please complete this form and mail or fax it to Westminster Christian School along with:

- A transcript of grades earned for the last two years and the current year-to-date grades including the marking system you use (A= 96 to 100 for example).
- All standardized test scores for achievement, ability and intelligence.
- PSAT, PLAN, FCAT, Psycho-Educational testing, ACT and SAT scores. Please include percentiles or stanines and whether national or independent school norms were used.

The information on this form is for Admission Committee use only and will not be included in the student's permanent file or shared with the applicant or the applicant's family.

Please evaluate the candidate in comparison with other young people of the same age with whom you have worked by placing a check in the appropriate column:

	Outstanding	Excellent	Average	Below Average	No Basis For Judgment
Ability to live within rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation in classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity: Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity (relative to age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded to authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Parents meet financial obligation Always Most of the time

Explain _____

Please check if the applicant has ever been recommended for the following services or programs:

Gifted Learning Disabled Remedial Reading Remedial math Impaired vision

Hearing Speech/Language Other _____

Did the applicant participate? Yes No In which? _____ If no, why? _____

Is applicant eligible to re-enter your school for the next term? Yes No

If "no", please explain _____

Has the applicant been involved in acts of dishonesty? Yes No If "yes", please describe _____

Has the applicant been involved in use of alcohol or drugs? Yes No

Has the applicant participated in or initiated disorderly, disruptive or unmannerly conduct? Yes No

Has the applicant exhibited unsatisfactory adjustment to other students? Yes No

Does the applicant have any significant limitations (physical, emotional, social)? Yes No

If "yes", please explain _____

Has the applicant been disciplined by administrative officials? Yes No

Has the applicant been Suspended? Expelled?

Please explain any "yes" answers or make any comments which would be helpful to our Admission Committee. Your comments will remain confidential.

Is there something you would prefer to discuss by telephone? If so, please check here.

Thank you for your time and effort in evaluating this student and assisting both the applicant and Westminster Christian School.

Caroline Stone
Director of Admission
(305) 233-2030 ext. 246
(305) 253-9623 Fax

Signature Print Name Title Date

School Name