

West Cobb  
 Christian Academy Confidential  
 Recommendation Form *for students Elementary and  
 Middle School*  
**Community Reference**

**Parent or Guardian**

*Please write your child's name in the spaces indicated. Read and sign the following before giving this form to someone acquainted with your child that is not related.*

*I understand and agree that the information contained on their recommendation form is confidential and will be used only in the determination of enrollment for the child above. I waive any right to see it.*

Student's Name: \_\_\_\_\_

Date

Signature of Parent or Guardian

Student Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

Form Completed By \_\_\_\_\_ Phone \_\_\_\_\_

*Thank you for your time and care in completing this recommendation. Your observations are held in complete confidence. Please check the appropriate boxes and include comments if you wish. Return the completed form to WCCA and the address below. **Admission decisions cannot be made until student files are complete.***

Respect				
for Others				
Cooperation				
Emotional Stability				
Manners				
Reaction to Disappointment				
Service				
Responsibility				
Self-Confidence				
Initiative				
Integrity and Honesty				
Leadership				
Sense of Humor				
Maturity				

How long have you known this student?

Overall Recommendation: \_\_\_\_\_ **Highly Recommend** \_\_\_\_\_ **Recommend** \_\_\_\_\_ **Recommend with Reservation**  
 \_\_\_\_\_ **Do Not Recommend**

*Please explain if you answered "Do Not Recommend" or "Recommend with Reservation". You may handwrite your explanation on reverse or submit a separate sheet to provide any additional information about this child.*

*I have completed this form accurately and honestly to the best of my knowledge.*

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Reference