

# EAST BAY CHRISTIAN SCHOOL

A Ministry of First Baptist Church of East Bay  
10102 Old Big Bend Road ♦ Riverview, FL 33578 ♦ (813)677-5236  
Pastor: Timothy G. Myers      Principal: Bruce E. DuBois

## Elementary Student Reference

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

**Parent:** Write the student's name and grade entering and sign the waiver on three of these forms. Send one to his/her most recent teacher and one to his/her most recent pastor, principal, assistant principal, or guidance counselor. You may complete the third form yourself. It would be best to provide the evaluator with a self-addressed, stamped envelope with our school's name and address on it.

**Waiver:** By signing below, I agree to waive my right of access to any information provided to East Bay Christian School by the evaluator who completes this form. Therefore, I give my permission to release the information below.

\_\_\_\_\_  
**Guardian's Signature**

\_\_\_\_\_  
**Date**

**Evaluator:** We would appreciate your candid impressions of the applicant listed above. Please complete the information below. Then mail this form directly to East Bay Christian School (Attn. Administrator). This information will be kept confidential and will be used to help determine whether or not East Bay Christian School is a suitable school for the applicant. Thank you in advance for your cooperation.

Please circle the number that best describes the applicant listed above.

**Scale:**            4 - Always      3 - Often      2 - Occasionally      1 - Never      0 - Not Known

Stays seated when required	4	3	2	1	0
Works quietly during class	4	3	2	1	0
Obeys without argument	4	3	2	1	0
Follows directions well	4	3	2	1	0
Displays neatness and organization	4	3	2	1	0
Has a reasonable attention span	4	3	2	1	0
Can work independently	4	3	2	1	0
Completes work on time	4	3	2	1	0
Is trustworthy	4	3	2	1	0
Develops appropriate peer relationships	4	3	2	1	0
Displays self-control	4	3	2	1	0
Is courteous	4	3	2	1	0
Shows respect for authority	4	3	2	1	0
Enjoys learning	4	3	2	1	0

Additional Comments: \_\_\_\_\_

Does the student appear to have any problems which would hinder learning? \_\_\_\_\_

In what capacity have you known the student? \_\_\_\_\_ How long? \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_

School/Church \_\_\_\_\_ Date \_\_\_\_\_