

# Dr. D.D. Brown Christian Academy of Hope

## REFERENCE FORM

### To the Applicant:

If you have more than one child applying, one form is necessary for each student. Fill in your name and address below before giving this form to your church leader. ***Please advise them that this form needs to be mailed back to Dr. D.D. Brown Christian Academy of Hope at the address below.*** Please provide a self addressed stamped envelope with this form to the person you are asking to complete.

Name of Student \_\_\_\_\_

Address \_\_\_\_\_

Name/Title \_\_\_\_\_

Name & Address of Church \_\_\_\_\_

\_\_\_\_\_

### To the Church Leader

Please take the time to comment on each statement for this student and his/her family.

How long has the family attended your church? \_\_\_\_\_

How long have you known the family and how well do you know them? \_\_\_\_\_

\_\_\_\_\_

What has been the level of involvement of this family in your church? \_\_\_\_\_

\_\_\_\_\_

What best describes this family's church attendance?

Weekly \_\_\_\_\_ Irregular \_\_\_\_\_ Not at all \_\_\_\_\_

How does the family offer their time and abilities to the church? \_\_\_\_\_

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What is the level of involvement of this family in church programs? \_\_\_\_\_

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Does this parent attend church sponsored events? \_\_\_\_\_

How enthusiastically would you recommend the family for acceptance at

Dr. D.D. Brown Christian Academy of Hope ? Readily \_\_\_\_\_

Hesitantly \_\_\_\_\_ Not at all \_\_\_\_\_

## Dr. D.D. Brown Christian Academy of Hope

Please describe the growth of the applicant, giving examples of strengths and weaknesses, behaviors and cooperation.

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Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

Contact Number \_\_\_\_\_ Best time of Call \_\_\_\_\_

***Thank you for your time. Your responses will be kept confidential!***