



Metro Christian Academy Admissions Recommendation

The following student has applied for admission to Metro Christian Academy. Your confidential comments and insights into the applicant's character and academic fitness will assist us as we select among qualified candidates for admission.

Applicant's Name _____ Current Grade _____

Your Name _____ Relationship to Applicant _____
 How long have you known the applicant? _____ In what capacity? _____

1. Please mark the box that best describes this applicant:

	Excellent	Above Average	Average	Poor	Do Not Know
Academic Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<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"/>
Honesty	<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"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirituality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Often	Sometimes	Rarely	Never
Argumentative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gossips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procrastinates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rebellious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses Profanity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How does the applicant respond to authority? _____

3. To what extent does the applicant demonstrate leadership ability? _____

4. Please provide your overall recommendation of this applicant:

- | | |
|--|--|
| <input type="checkbox"/> Strongly recommend with highest assurance | <input type="checkbox"/> Recommend with some reservation |
| <input type="checkbox"/> Recommend with confidence | <input type="checkbox"/> Do not recommend |

Signature _____ Telephone _____ Date _____

PLEASE NOTE: For privacy purposes, recommendation forms must be completed and returned directly to MCA by the individuals who complete them. Please mail directly to:

Metro Christian Academy • Secondary School Admissions • 6363 S Trenton Ave • Tulsa, OK 74136

Please use the back of this form for additional comments.