



*East Liverpool Christian School*  
 46682 FLORENCE STREET EAST LIVERPOOL, OHIO 43920  
 PHONE: [330]385.5588 FAX: [330]385.1267

**FRIEND REFERENCE FORM**

Dear Friend,

We believe it is vital for the home, church, and school to work together in the development of children. Thank you so much for helping us get to know this family better. If you need a copy of the Authorization to Release Reference form this family has signed to release you from liability please contact us at the number listed above.

Name of Applicant: \_\_\_\_\_

With the knowledge you have of the East Liverpool Christian School, explain how you feel each family member will co-operate with what we are trying to do.

Applicant: \_\_\_\_\_  
 \_\_\_\_\_

Father: \_\_\_\_\_  
 \_\_\_\_\_

Mother: \_\_\_\_\_  
 \_\_\_\_\_

To what extent does the student applicant exhibit the following characteristics.

	Most of the Time	Frequently	Sometimes	Rarely	Do Not Know
Respects Authority					
Is Cooperative					
Takes Responsibility					
Is Industrious					
Works Well in a Group					
Respects Peers					
Attends Church					

\*Please place any additional comments on the back of this paper.

Friend's Signature \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Date \_\_\_\_\_

Please mail or fax this form to the school.