



teacher reference (New 6th-12th Grade Students)

Victory Christian Academy • 8491 Chamberlayne Road • Richmond, VA 23227
Phone (804) 262-8256 • Fax (804) 553-1905

(Name of Applicant) _____ has applied for admission to Victory Christian Academy. To assist us in making an appropriate selection of students and learn something about their needs before they come to us, we are seeking information from you concerning the above candidate.

How long have you known the applicant? _____ In what relationship? _____

Please respond to the following categories as related to the applicant. When evaluating, compare the student to other students his/her age. If a category does not apply to your interactions with the student, you may leave it blank.

Academic Achievement	1 (Poor)	2 (Regressing)	3 (Average)	4 (Very Good)	5 (Excellent)
Academic Potential					
Creativity					
Leadership Ability					
Personal Integrity					
Study Habits					
Initiative					
Writing Ability					
Oral Expression					
Spiritual Maturity					
Emotional Maturity					
Conduct					
Concern for Others					
Relationship with Peers					
Relationship with Adults					

Have you ever known the applicant to use narcotics, tobacco, or alcoholic beverages or abuse any other substance? Yes No If yes, please explain _____

Has applicant ever, to your knowledge, been suspended or expelled from school? ____ Yes ____ No

What are the applicant's strong points (special abilities)? _____

In what areas is improvement needed? _____

Would you recommend this student for admittance to Victory Christian Academy?
 Recommend Do not recommend Recommend with reservations

Do you wish for this form and the information provided to remain confidential and unavailable to the applicant and their family? Yes No

Signature _____ Date _____ Please Print Full Name Here _____

Address _____ City _____ State/Zip _____ Phone Number(s) _____