



whereLIFEhappens.org

LIFE CHRISTIAN ACADEMY

1717 S Union Ave, Tacoma, WA 98405-1997
Phone 253-756-2468 / Fax 253-879-9706

Applicant Reference For Grades K - 5

Date: _____

TO: _____
(current or previous year teacher)

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

RE: _____
(student who is a candidate for admission to LIFE CHRISTIAN ACADEMY)

We would appreciate your comments regarding this applicant who is seeking admission to Life Christian. Only the school officials will read your responses. Thank you for helping us.

1. What are this student's abilities and achievements? Please comment on his/her social development.

2. What would you most like to accomplish with this student if you were together with him/her for another entire school year?

3. To your knowledge, has this student received any special assistance in the form of special education programming (including gifted and/or talented)? ___ Yes ___ No
Please comment:

4. Does this student require consistent behavior intervention? ___ Yes ___ No
Please comment:

We appreciate the time you have spent in preparing this comment sheet. Thank you for your insight and discernment.

Signature

Relationship to Applicant

School Phone

Date