

PERSONAL REFERENCE

(Non-Family)

(Friend, Pastor, etc.)

HOPE CHRISTIAN ACADEMY

1125 N. Dobson Road

Chandler, AZ 85224

(480) 722-1445

The _____ family is making application to enroll their child(ren), _____, at HOPE Christian Academy. We would appreciate your answering the following questions from your knowledge of this (these) person(s) and the family. Please mail the completed form to HCA at the above address as soon as possible.

Thank you,
HCA Administrator

1. How long have you known this family? _____

2. Under what circumstances have you known them? _____

3 Does the child respect and obey his/her parents? _____

4. What positive contribution would this student make to HCA? _____

5. Do you believe this child will be successful in a school/home-based learning situation?

Yes _____ No _____

Please explain _____

6. Other comments _____

Name (Please Print) _____

Address _____

Phone (_____) _____ Date _____