



1125 N. Dobson Road Chandler, AZ 85224
480-722-1445
hca@hope-eagles.com

PERSONAL REFERENCE

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 or email the completed form to HCA at the above address as soon as possible.

Thank you,
HCA Admissions Committee

PERSONAL REFERENCE (Non-Family) (Friend, Pastor, etc.)

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. Other comments

Name (Please Print) _____

Email address _____ Phone (_____) _____