

UPTON LAKE CHRISTIAN SCHOOL  
PO Box 63  
Clinton Corners, NY 12514  
Phone 845-266-3497  
[ulcs@uptonlake.com](mailto:ulcs@uptonlake.com)



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## TEACHER REFERENCE FORM

\_\_\_\_\_ is in the process of applying for admission to Upton Lake Christian School. In order to determine as nearly as possible the suitability of this student to our learning situation, we ask that you answer the following as best you can.

### WORK HABITS AND SOCIAL DEVELOPMENT

Please rate the applicant from 1-10 (10 being the strongest):

Academic Potential  
Ability to Study independently  
Willingness to Work Hard  
Cooperativeness  
Social Maturity  
Kindness to Others  
Respect for Authority  
Honesty/Integrity

1. Has the student had any disciplinary issues that would be of concern?

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2. Do you know of any health factors (physical or emotional) of which we should be informed if this student enrolls?

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\_\_\_\_\_  
*Teacher Signature*

\_\_\_\_\_  
*Position*

\_\_\_\_\_  
*School*

\_\_\_\_\_  
*Date*

*\*Thank you for your prompt attention to this form. Please mail to the address above.*