

UPTON LAKE CHRISTIAN SCHOOL
PO Box 63
Clinton Corners, NY 12514
Phone 845-266-34897
ulcs@uptonlake.com



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	1	2	3	4	5	6	7	8	9	10
Ability to Study independently	1	2	3	4	5	6	7	8	9	10
Willingness to Work Hard	1	2	3	4	5	6	7	8	9	10
Cooperativeness	1	2	3	4	5	6	7	8	9	10
Social Maturity	1	2	3	4	5	6	7	8	9	10
Kindness to Others	1	2	3	4	5	6	7	8	9	10
Respect for Authority	1	2	3	4	5	6	7	8	9	10
Honesty/Integrity	1	2	3	4	5	6	7	8	9	10

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

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

Teacher Signature

Position

School

Date

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