

Newport Christian School

1000 Bison Avenue • Newport Beach, CA 92660
 (p) 949.760.5485 • (f) 949.760.5071 • school@lbcnb.org



Application for Admission Math Teacher Reference

Applicant's Full Name: _____ Date: _____

Candidate for the academic year beginning _____ Grade: 7 8 9 10 11 12

Applicant: Please provide a stamped envelope to your teacher to send this form to Newport Christian School.

To the Math Teacher: This student is applying for admission to Newport Christian School. By providing you with this form, the student and his/her parents/guardians have authorized the release of all requested information, including disciplinary action. Your candid evaluation will help in the consideration of this student for enrollment in Newport Christian School.

 Current Math Course and Level (Regular/Honors/AP) Current Grade (%)

 Textbook Used

 How long have you known the student?

Academic Evaluation

Academic Qualities	Excellent	Good	Average	Below Average	No Basis for Judgment
Academic Potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participation in Class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Work Independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizational Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creativity/Imagination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Study Habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homework Completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Personal Evaluation

Personal Qualities	Excellent	Good	Average	Below Average	No Basis for Judgment
Honesty/Integrity	0	0	0	0	0
Concern for Others	0	0	0	0	0
Emotional Maturity	0	0	0	0	0
Personal Initiative	0	0	0	0	0
Reaction to Criticism	0	0	0	0	0
Respect for Authority	0	0	0	0	0
Ability to Make Friends Easily	0	0	0	0	0

What are the first words that come to mind when describing this student?

Please provide any additional insight about this student you deem necessary.

Teacher Recommendation	With Enthusiasm	Strong	Average	Without Enthusiasm
Academic Potential	0	0	0	0
Character and Personal Potential	0	0	0	0
Overall Recommendation	0	0	0	0

Teacher Information (please print)

Name _____ Date _____

Title _____ School Phone _____

School Address _____ Email _____

Signature