

## INSTRUCTIONS FOR APPLICANT

Please complete the section below, then sign the Confidentiality Statement. Give the form to the person you wish to use as a reference. Your reference should not be a member of your immediate family. Please ask your reference to complete the form and return it to Sussex Christian School.

## CONFIDENTIALITY STATEMENT

Understanding the need for a frank evaluation of Sussex Christian School's ability to serve the educational needs of our child, we, the undersigned parents/ guardians of the student(s) named below, hereby waive our right to review this form at a later date in order to allow this document to remain confidential.

## STUDENT NAME(S)

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

## PARENTS' / GUARDIANS' NAMES

Name of Father/Guardian: \_\_\_\_\_

Name of Mother/Guardian: \_\_\_\_\_

Father/Guardian's Signature: \_\_\_\_\_

Mother/Guardian's Signature: \_\_\_\_\_

## INSTRUCTIONS FOR PERSON PROVIDING REFERENCE

The family named below has applied for application for their school-aged student(s) to Sussex Christian School. Your frank evaluation will aid SCS in deciding if we can adequately serve this family in the education of their children. Please complete the following questionnaire and return directly to: Sussex Christian School, 45 Chapman Dr., Sussex, NB E4E 1M4 or email [info@sussexchristianschool.ca](mailto:info@sussexchristianschool.ca)

## REFEREE INFO

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

How long have you known the family? \_\_\_\_\_

What is your acquaintance with the family? \_\_\_\_\_

What is your acquaintance with the student(s) applying? \_\_\_\_\_

To your knowledge, are there any concerns about this family/student in relation to being part of SCS?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Student: \_\_\_\_\_

*Please complete this page for each of the students for which you are acting as reference*

## CHARACTER

Please check the answer(s) that best describes the applicant.

Concern for others:	<input type="checkbox"/> Self-centered	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Considerate	<input type="checkbox"/> Unselfish
Influence for good:	<input type="checkbox"/> Negative influence	<input type="checkbox"/> Little influence	<input type="checkbox"/> Positive influence	<input type="checkbox"/> Inspires others
Acceptance by peers:	<input type="checkbox"/> Not accepted	<input type="checkbox"/> Tolerated	<input type="checkbox"/> Accepted	<input type="checkbox"/> Well-liked
Choice of friends:	<input type="checkbox"/> Questionable	<input type="checkbox"/> Careless	<input type="checkbox"/> Somewhat discerning	<input type="checkbox"/> Discerning in friendships
Respect for authority:	<input type="checkbox"/> Disrespectful	<input type="checkbox"/> Critical	<input type="checkbox"/> Generally respectful	<input type="checkbox"/> Honours those in authority
Responsibility:	<input type="checkbox"/> Unreliable	<input type="checkbox"/> Somewhat dependable	<input type="checkbox"/> Very dependable	<input type="checkbox"/> Absolutely responsible
Emotional stability:	<input type="checkbox"/> Unstable	<input type="checkbox"/> Sometimes stable	<input type="checkbox"/> Usually well-adjusted	<input type="checkbox"/> Consistently well-adjusted

## PLEASE RESPOND TO THE FOLLOWING

For students entering grades 6-12 only.

To your knowledge, does the applicant participate in any of the following:

Alcohol:	<input type="checkbox"/> Habit	<input type="checkbox"/> Some	<input type="checkbox"/> None
Tobacco:	<input type="checkbox"/> Habit	<input type="checkbox"/> Some	<input type="checkbox"/> None
Illegal Drugs:	<input type="checkbox"/> Habit	<input type="checkbox"/> Some	<input type="checkbox"/> None
Sexual Activity:	<input type="checkbox"/> Habit	<input type="checkbox"/> Some	<input type="checkbox"/> None
Pornography:	<input type="checkbox"/> Habit	<input type="checkbox"/> Some	<input type="checkbox"/> None

Any additional comments that may be helpful may be added below or on a separate sheet of paper.

## SIGNATURE

\_\_\_\_\_  
Signature of Reference Provider\_\_\_\_\_  
Date