

20__ - 20__ Family _____

You are being asked by the above family to give a recommendation for admission to Hope Academy. Please be honest and straightforward in your evaluation of the family. This recommendation will be kept confidential.

Name of person giving reference _____

Primary Phone (_____) _____ If necessary, best time to reach you: _____

How well do you know this family? Casually Well Very Well For how long? _____

What is your philosophy of parenting and what has influenced your belief? _____

Have you read parenting books or taken any parenting classes that you would recommend? _____

What is your relationship to the family and how long have you known them? _____

In what ways do you see the husband leading his family? Please be specific in your response. _____

Please answer the following in reference to the applicant.

Do you enjoy being around their children? _____

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Do you believe their children would be a positive or negative influence to other children such as your own? Please explain: _____

As parents, what do you believe is their greatest strength *and* their greatest weakness? _____

Is there anything that we have not asked that you feel is important for our leadership to know about the above family? Please attach an additional sheet if necessary or write on the back of this form. _____

Signature _____ Date _____

After completion, please submit this reference directly to Hope Academy.

Hope Bible Church
Attn: Hope Academy
7185 Oakland Mills Road, Suite A
Columbia, MD 21046