

PERSONAL REFERRAL

(To be completed by a family friend or co-worker)

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 relationship to the family? _____

Please answer the following in reference to the applicant.

Do you enjoy being around their children? _____

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

What do you believe are their greatest strengths *and* weaknesses as parents? _____



**HOPE BIBLE
CHURCH
HOPE ACADEMY**

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Is there anything that we have not asked that you feel is important or helpful 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 return this recommendation directly to Hope Academy.

e-mail: HAinfo@hopebiblechurch.org

mail: Hope Academy
Hope Bible Church
P.O. Box 247
Simpsonville, MD 21150

Please call (443)-200-HOPE for our current drop off locations.