**Spiritual Recommendation Form**

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Applicant’s Name-(Last) First Middle Grade

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Person Completing Form Title Phone # Date

Thank you for taking the time to complete this recommendation. We find candid evaluations helpful in the admissions process. This information is for admission use only. Your professional opinion is extremely helpful in evaluation this student. Please complete this confidential recommendation form and return it directly to **Christ Classical Academy PO Box 2275 Morganton, NC 28680 28680.**

 **Below**

**Please rate the following Outstanding Excellent Average Average N/A**

Student Relationship with Christ [ ]  [ ]  [ ]  [ ]  [ ]

Student’s Involvement in Church [ ]  [ ]  [ ]  [ ]  [ ]

Applies Faith in Daily Living [ ]  [ ]  [ ]  [ ]  [ ]

Student’s Bible Knowledge [ ]  [ ]  [ ]  [ ]  [ ]

Student’s Spiritual Maturity [ ]  [ ]  [ ]  [ ]  [ ]

Student’s Ability to Interact with Peers [ ]  [ ]  [ ]  [ ]  [ ]

Please comment on any other aspect of this student’s character, personality and academic performance, if applicable.

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