

Admissions Procedure for 2009 - 2010

Desert Christian Middle & High School

This packet contains your school application forms. The forms must be complete and submitted to the appropriate school office. Once the packet has been verified as complete, an interview will be scheduled. After the interview is complete, you will be informed by letter of your student's admission status. We are not able to guarantee space until your student has been officially accepted. **Your portion of the application packet must be complete before it will be accepted by the school office.**

A Complete Application Includes:

ALL APPLICANTS

- Family Application
- Please read Statement of Faith & Philosophy of Education
- Special Health / Learning Information Form
- Student Health History Form
- Medical and Student Health Information Form
- Copy of Birth Certificate
- Immunization Record
- Church Life Recommendation – *complete top of form, send to appropriate person to be mailed directly back to school office*
- Application Fee - \$50 per student (non-refundable)

HIGH SCHOOL APPLICANTS (ADDITIONAL ITEMS)

- Student Application with Student Photo
- Physical Exam
- Records From Applicant's Current School
Report Card/Grades – Current Year
Standardized Test Scores – Previous Year
High School Placement Test Scores - If Previously Taken
- Teacher Recommendation – English/Language Arts - *complete top of form, send to appropriate person to be mailed directly back to school office*
- Teacher Recommendation - Math - *complete top of form, send to appropriate person to be mailed directly back to school office*
- Placement Testing

MIDDLE SCHOOL APPLICANTS (ADDITIONAL ITEMS)

- Student Photo
- Records From Applicant's Current School
Report Card/Grades – Current Year
Standardized Test Scores – Previous Year
- Teacher Recommendation - *complete top of form, send to appropriate person to be mailed directly back to school office*
- Proficiency Exam – at discretion of School Principal

HOME SCHOOL APPLICANTS (ADDITIONAL ITEMS)

- Home School Family Information
- Home School Recommendation

SCHOLARSHIP INFORMATION is available in the school office and on the DCS website www.desertchristian.org. If you have any questions call the school office.

Thank you for your interest in Desert Christian Schools

DESERT CHRISTIAN SCHOOL
STATEMENT OF FAITH & PHILOSOPHY OF EDUCATION

Core Values

- 📖 *DCS disciples children to follow Jesus Christ as Lord and Savior, and commit to lives of loving Kingdom service.*
John 14:6 “Jesus answered, ‘I am the way the truth and the life. No one comes to the Father except through me.’”
- 📖 *DCS seeks to glorify God in all that it does.*
1 Corinthians 10:31 “...whatever you do, do it all for the glory of God.”
- 📖 *DCS teaches every subject and nurtures character development from a Biblical Christian perspective, imparting knowledge and wisdom to our students.*
Colossians 2:2-3 “...in order that they may know the mystery of God, namely, Christ, in whom are hidden all the treasures of wisdom and knowledge.”
- 📖 *DCS is dedicated to academic excellence and cultivating life-long learners.*
Ecclesiastes 9:10 “Whatever your hand finds to do, do it with all your might...”
- 📖 *DCS is laying the foundation in children’s lives through its instruction to enable them to impact their culture for Christ.*
1 Corinthians 3:11 “For no one can lay any foundation other than the one already laid, which is Christ Jesus.”
- 📖 *DCS is a parent-sponsored, board-directed, covenant Christian school that encourages a high level of parental involvement.*
Genesis 17:7 “I will establish my covenant as an everlasting covenant between me and you and your descendants after you for the generations to come, to be your God and the God of your descendants after you.”
- 📖 *DCS partners with Christian families to educate, nurture and train children as followers of Christ.*
Deuteronomy 6:4-9 “Hear, O Israel: The Lord our God, the Lord is one. Love the Lord your God with all your heart and with all your soul and with all your strength. These commandments that I give you today are to be upon your hearts. Impress them on your children. Talk about them when you sit at home and when you walk along the road, when you lie down and when you get up. Tie them as symbols on your hands and bind them on your foreheads. Write them on the doorframes of your houses and on your gates.”

Statement of Faith

- We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
- We believe there is only one God, eternally existent in three Persons – Father, Son, and Holy Spirit.
- We believe in the deity of Jesus Christ, His miraculous conception and virgin birth, His sinless life, His sacrificial and atoning death, His resurrection, His ascension to the right hand of the Father, His return in power and glory to establish His earthly kingdom.
- We believe in the absolute necessity of reformation by the Holy Spirit for salvation because of the sinfulness of human nature; and that we’re justified by the shed blood of Jesus Christ; and that only by God’s grace, through faith alone, are we saved.
- We believe in the resurrection of the saved into eternal communion with God, and that they that are lost will be separated from God.
- We believe in the spiritual unity of believers in the Lord Jesus Christ.
- We believe that the indwelling of the Holy Spirit enables the Christian to live a Godly life.

Philosophy & Objectives of DCS

Desert Christian School holds to a Christian philosophy of education and views this as the foundation for all policy, procedures, instruction, and activities. A Christian philosophy acknowledges that there is a Creator God who has given us His Word and its principles as a guide for faith and life. We teach, unashamedly, God’s Word to be

absolute Truth. All students are confronted with the fact that man is sinful and lost, and are encouraged to accept Christ's free gift of salvation. The skills of Bible study, prayer, and the development of Christian character and a Christian mind are taught as foundational for a successful Christian life. Students are encouraged to share their faith, stand for their convictions, and seek to fulfill God's plan for their lives.

Academically, students are challenged to excellence and integrity, learning the skills of analysis, problem-solving, and critical thinking. Cultivation of an intellectual curiosity that will result in self-motivated, life-long study in areas of personal interest is emphasized. Students are taught to think logically and to develop research skills, while also gaining a command of the fundamental communicative processes of reading, writing, speaking, and listening. We attempt to balance these intellectual pursuits with Christian ethics and character.

Socially, DCS seeks to help each student develop a well-balanced personality based upon a proper acceptance of himself as a unique creation of God, made in His image. Acceptance of self is then the foundation for acceptance and respect for authority, responsible freedom, and good citizenship. Students are taught Biblical truth as the basis for a morally and socially responsible, self-disciplined life. Good attitudes towards society's institutions such as parents, families, and marriage, are taught and modeled. Students learn that they are contributing members of their society and should treat everyone with love and respect and seek to be of service to others.

Basis of Christian Education

Every aspect of life is subject to the will of God. Therefore, all knowledge, every value, and each choice is under His authority. We are admonished to continually seek the Lord (Amos 5:4, 6, 8, 14; James 4:8, Jeremiah 29:13) in an effort to become one with Him (John 17:22-23). This unity is Christ's heartfelt desire in order that the world may know that God sent Him – because He loves us.

Christianity is wholly relational: How we relate to and impact our culture; the manner in which God relates to us and we relate to him (covenant); and the dynamics of our varied relationships with one another.

Empowered by the Holy Spirit, Christians carry on the redemptive work of Jesus Christ. With this goal in mind, Christian educators provide a framework to prepare young people to live according to His will, contributing to the Biblical pursuit of truth.

FAMILY APPLICATION
2009-2010 School Year

Desert Christian Middle School
7525 E. Speedway Blvd.
Tucson, Arizona 85710
(520) 795-7161 Fax: (520) 795-3386

DATE: _____

*Applicants of all races, color, and national or ethnic origin are welcome to apply
and are considered for admission without discrimination.*

APPLICANT NAME _____ **PREFERS TO BE CALLED** _____

DATE OF BIRTH _____ **SEX** _____ **APPLYING FOR GRADE** **6** **7** **8**

PARENTS OR GUARDIANS RESPONSIBLE FOR APPLICANT: MUST BE PRIMARY CONTACT(S) AND FINANCIALLY RESPONSIBLE FOR THE APPLICANT'S FEES AND TUITION IF ACCEPTED

YOUR RELATIONSHIP TO APPLICANT: (CHECK ALL THAT APPLY) LIVE WITH APPLICANT
 FATHER MOTHER STEPFATHER STEPMOTHER LEGAL GUARDIAN CUSTODIAL PARENT

Name: _____
Address: _____ Email: _____
City, State, Zip: _____ Home Phone: _____
Employer: _____ Work Phone: _____
Occupation: _____

YOUR RELATIONSHIP TO APPLICANT: (CHECK ALL THAT APPLY) LIVE WITH APPLICANT
 FATHER MOTHER STEPFATHER STEPMOTHER LEGAL GUARDIAN CUSTODIAL PARENT

Name: _____
Address: _____ Email: _____
City, State, Zip: _____ Home Phone: _____
Employer: _____ Work Phone: _____
Occupation: _____

CHECK ANY THAT APPLY: APPLICANT'S
 Father is deceased Mother is deceased Parents are divorced Parents are separated

PLEASE LIST SIBLINGS LIVING AT HOME, WITH AGES AND CURRENT SCHOOL:

_____/_____/_____
_____/_____/_____
_____/_____/_____

PLEASE LIST FAMILY MEMBERS WHO HAVE ATTENDED DCS (K-12):

_____ YEAR(S) _____
_____ YEAR(S) _____
_____ YEAR(S) _____

FAMILY INFORMATION: Where do you attend church? _____

Are you members of this church? YES NO NUMBER OF YEARS ATTENDING _____

Pastor with whom you are best acquainted: _____

PLEASE EXPLAIN IF PARENTS AND STUDENT ATTEND DIFFERENT CHURCHES: _____

EDUCATIONAL INFORMATION

PREVIOUS SCHOOLS ATTENDED: Information must be complete and account for kindergarten through current year.

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
GRADES _____ TO _____ FROM _____ TO _____	GRADES _____ TO _____ FROM _____ TO _____

Has the applicant (check all that apply):

Ever been retained in a grade? _____	Had disciplinary problems at school? _____
Ever been suspended from school? _____	Used illegal drugs, alcohol, tobacco? _____
Ever been expelled from school? _____	Attended more than one school in a year? _____
Been involved with juvenile authorities? _____	

Explanation of “yes” answer(s) above:

REASONS FOR ATTENDING DESERT CHRISTIAN MIDDLE SCHOOL

Completed by applicant in his/her handwriting:

Completed by a parent/guardian:

STATEMENT OF FAITH: Give a brief statement regarding your personal Christian Faith.

Applicant

Parent /Guardian

APPLICANT NAME _____

WE UNDERSTAND AND COMMIT OURSELVES TO FULFILLING THE FOLLOWING UPON ACCEPTANCE OF OUR CHILD AT DESERT CHRISTIAN MIDDLE SCHOOL:

1. We will strive to maintain a healthy home life and a meaningful and regular church life.
2. We understand our cooperation is expected in (a) submitting to school policies as stated in the parent/student handbook, including the Statement of Faith and Philosophy of Education (see attached); (b) faithful prayer; (c) timely tuition payments according to our tuition contract; (d) volunteered time; (e) special gifts when possible; (f) support school policies.
3. We understand that the school reserves the right to dismiss any student who does not (a) respect and observe spiritual and/or behavioral standards and (b) cooperate in our educational goals.
4. We understand that any false or unreported information is grounds for immediate dismissal.

We certify that all of the information presented in this application is, to the best of our knowledge, complete and accurate and we are not withholding any information available to us that would be pertinent to the enrollment of this child at DCMS.

Applicant's Signature _____ *Date* _____

Father / Stepfather / Other Signature _____ *Date* _____

Mother / Stepmother / Other Signature _____ *Date* _____

SPECIAL HEALTH/LEARNING INFORMATION
2009–2010 School Year

Desert Christian Middle School
7525 E. Speedway Blvd.
Tucson, Arizona 85710
(520) 795-7161 Fax: (520) 795-3386

DATE: _____

Applicants of all races, color, and national or ethnic origin are welcome to apply

and are considered for admission without discrimination.

APPLICANT NAME: _____

APPLYING FOR GRADE: **6 7 8**

Does applicant have any physical disabilities or special health conditions? Yes No

If yes, please explain: _____

Does applicant regularly require any medication? Yes No

If yes, please list medications and explain: _____

Has applicant received counseling for emotional issues within the past three years? Yes No

If yes, please explain and have the applicant's therapist/counselor provide the Admissions Committee with a letter describing the nature of the difficulty and a current assessment of the applicant's ability to deal with the rigors and structure of middle school life at Desert Christian Middle School.

Has applicant required **any** modification to instruction, special learning assistance or tutoring within the past three years? Yes No

If yes, please explain: _____

Has a professional evaluation ever been recommended for applicant for any learning, attention or emotional issues? Yes No

Has applicant ever been evaluated by any professional for any learning, attention or emotional issues?

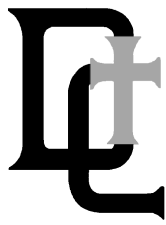
Yes No

If yes, please explain and have the professional who provided any evaluation provide the Admissions Committee with a letter describing the nature of the difficulty and a current assessment.

We understand that any false or unreported information is grounds for immediate dismissal from DCMS.

Parent Signature

Date



HEALTH HISTORY FORM

Desert Christian Schools

7525 E. Speedway * Tucson, AZ 85710 * DCHS (520) 298-5817 * DCMS (520) 795-7161

This form is required for all 6th grade, 9th grade and all new students. Due prior to the start of the school year.

STUDENT NAME _____ SEX _____ DATE OF BIRTH _____ GRADE _____

Parent/Guardian Name(s) _____ Phone(s) _____ Today's Date _____

YES NO

1. Have you ever been medically advised not to participate in any sport?

If yes, explain: _____

2. Are you presently under a physicians care for any reason?

If yes, explain: _____

3. Have you had any previous INJURY or SURGERY in the last 12 months which resulted in loss of time from practice, game or school? If YES explain and include date, location (i.e. left knee), diagnosis and physician.

4. Any history of the following CONDITIONS or ILLNESSES? If yes, explain and include dates below

YES	NO		YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	ADD / ADHD	<input type="checkbox"/>	<input type="checkbox"/>	EAR INFECTIONS, FREQUENT	<input type="checkbox"/>	<input type="checkbox"/>	NOSEBLEEDS, PERSISTANT
<input type="checkbox"/>	<input type="checkbox"/>	ALLERGY (_____)	<input type="checkbox"/>	<input type="checkbox"/>	FAINTING SPELLS	<input type="checkbox"/>	<input type="checkbox"/>	OSTEOMYELITIS
<input type="checkbox"/>	<input type="checkbox"/>	ANEMIA	<input type="checkbox"/>	<input type="checkbox"/>	HEARING LOSS-PERMANENT	<input type="checkbox"/>	<input type="checkbox"/>	PNEUMONIA
<input type="checkbox"/>	<input type="checkbox"/>	ANXIETY	<input type="checkbox"/>	<input type="checkbox"/>	HEART PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER
<input type="checkbox"/>	<input type="checkbox"/>	ARTHRITIS	<input type="checkbox"/>	<input type="checkbox"/>	HEAT EXHAUSTION	<input type="checkbox"/>	<input type="checkbox"/>	RINGING IN EARS
<input type="checkbox"/>	<input type="checkbox"/>	ASTHMA / INHALER USE	<input type="checkbox"/>	<input type="checkbox"/>	HEAT STROKE	<input type="checkbox"/>	<input type="checkbox"/>	SEIZURE DISORDER
<input type="checkbox"/>	<input type="checkbox"/>	BLADDER INFECTIONS	<input type="checkbox"/>	<input type="checkbox"/>	HEPATITIS A/B/C	<input type="checkbox"/>	<input type="checkbox"/>	SINUS PROBLEMS
<input type="checkbox"/>	<input type="checkbox"/>	CHICKEN POX	<input type="checkbox"/>	<input type="checkbox"/>	HERNIA	<input type="checkbox"/>	<input type="checkbox"/>	STOMACH PROBLEMS
<input type="checkbox"/>	<input type="checkbox"/>	CONCUSSION	<input type="checkbox"/>	<input type="checkbox"/>	HIGH BLOOD PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS
<input type="checkbox"/>	<input type="checkbox"/>	COUGH, PERSISTANT	<input type="checkbox"/>	<input type="checkbox"/>	JOINT DISLOCATION	<input type="checkbox"/>	<input type="checkbox"/>	VALLEY FEVER
<input type="checkbox"/>	<input type="checkbox"/>	CRAMPING, PERSISTANT	<input type="checkbox"/>	<input type="checkbox"/>	KIDNEY PROBLEMS			
<input type="checkbox"/>	<input type="checkbox"/>	DEHYDRATION	<input type="checkbox"/>	<input type="checkbox"/>	LIVER PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	OTHER HEALTH CONDITION
<input type="checkbox"/>	<input type="checkbox"/>	DEPRESSION	<input type="checkbox"/>	<input type="checkbox"/>	MIGRAINE HEADACHES			
<input type="checkbox"/>	<input type="checkbox"/>	DIABETES	<input type="checkbox"/>	<input type="checkbox"/>	MONONUCLEOSIS			
<input type="checkbox"/>	<input type="checkbox"/>	DIZZINESS						

Explain, include dates: _____

YES NO

5. Are you taking any medications/inhalers? If yes, what medications and for what condition(s)?

6. Are you allergic to any medications/foods/etc.? If yes, explain: _____

7. Do you have a history of a family member having sudden cardiac death? If yes, explain: _____

8. Do you have any problems that bother you only when you participate in athletics? If yes, explain _____

9. Do you wear glasses/contact lenses? If yes, do you wear them when participating in sports? _____

10. Do you have a hearing loss? If yes, please explain _____

Signature of Parent/Guardian _____ Date _____

Desert Christian Schools

Medical & Student Health Information

Immunizations

Desert Christian Schools must comply with Arizona state law regarding immunizations for school children. According to the law, no student may attend classes until the school has a complete and up to date immunization history. Verifiable documentation is required. Parental confirmation is not acceptable. Therefore, please note the following:

Immunizations must be current for school attendance. All students must provide a photocopy of their **current** immunization record, prior to the start of school. All copies of current immunization records must be official records from a Licensed Health Care Provider or the Health Department. (Parents cannot fill out their own form to then submit to the school).

Communicable Diseases

Pima County Health Department requires that we track and report numerous different communicable diseases. Please remember to report the following communicable diseases to Health Services (bold lettering indicates PCHD reporting requirements):

Campylobacteriosis	Escherichia coli	Influenza**	Shigellosis
Chicken Pox	Haemophilus Influenzae	Measles/Mumps/Rubella	Shingles
Conjunctivitis (Pink Eye)	Head Lice	Meningitis	Strep Infection
Cryptosporidiosis	Hepatitis A	Salmonellosis	Whooping Cough
Diarrhea, Nausea, Vomiting	Impetigo	Scabies	

For all diseases listed above, please provide the date the symptom began, the date the disorder was diagnosed, the name and phone number of the doctor, plus any medications prescribed.

****Please inform the school office if your student is ill with a temperature > 100 degrees Fahrenheit and respiratory symptoms (with no other diagnosis).**

Medications

If it is necessary for a student to take ANY medication during school hours, Arizona Law requires parents to take the medicine to the office and complete a "Medication Request Form" explaining the dosage and frequency of administration. All medications must be in their original containers; prescription medications must have the pharmacy label. No medication can be administered without written permission and instruction from a parent. Students are not allowed to have ANY medications in their possession while on the school grounds without specific permission from the administration. Medication Request Forms are available through the school office.

Illness or Injury

If a student becomes too ill to attend **class** or is injured, a parent will be notified. Because DCS does not have health care professionals on staff, only basic first aid will be given. **It is most important that the school be notified of any change of address or phone number, including unlisted numbers**, so that contact can be made immediately in case of emergency. DO NOT send sick children to school. DO NOT send a child to school for diagnosis of an illness. Students who have been ill with a fever may NOT return to school until their temperature has remained normal for 12 hours (unless directed otherwise by a doctor).

Serious/Chronic Conditions

DCS is willing to accept students with serious illnesses or chronic conditions (such as asthma, allergies, diabetes, attention disorders, heart disorders, leukemia, etc.) provided that:

1. The condition has been brought to the attention of the administrator upon submitting an application for admission or upon diagnosis once the student is enrolled
2. Desert Christian is able to meet the physical and/or educational needs of the student within the established program of the school
3. The child is under the care of a physician
4. The parents are willing to remain in close communication with the school regarding needs and changes in the student's condition.
5. The parents work with The School Principal or Health Service Coordinator in creating a "care plan" for the student and those involved with the child in caring for his/her special needs.

I have read and agree to these policies.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

CHURCH LIFE RECOMMENDATION

2009–2010 School Year

Desert Christian Middle School

7525 E. Speedway Blvd.

Tucson, Arizona 85710

(520) 795-7161 Fax: (520) 795-3386

DATE: _____

*Applicants of all races, color, and national or ethnic origin are welcome to apply
and are considered for admission without discrimination.*

APPLICANT: _____

GRADE APPLYING FOR: 6 7 8

CHURCH: _____

Please complete the information, sign and then give this form with a stamped envelope addressed to **DCMS Admissions, 7525 E. Speedway, Tucson, AZ 85710**, to your church pastor, elder, Sunday School teacher, or Bible Study leader who knows your family best. Remind the person that this form is necessary in order to process your application.

Applicant: How often do you attend church and what activities are you involved in (please be specific):

Parent/Guardian: How often do you attend church and what activities are you involved in (please be specific):

**I request that this report be sent to Desert Christian Middle School.
I understand your evaluation will be held in confidence by the school's authorities.**

APPLICANT'S SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PASTOR / ELDER / TEACHER

The above-named family is interested in applying for admission to Desert Christian Middle School. We believe Christian education is most effective when done in partnership with the home and church. Will you please take a few moments to answer the following questions found on both sides of this application?

I have known this **family** for _____ years as pastor, church elder, teacher. *(Please circle)*

I have known this **applicant** for _____ years as pastor, church elder, teacher. *(Please Circle)*

Please circle the word listed below which best describe this family's church attendance:

WEEKLY **MONTHLY** **OCCASIONALLY** **OTHER** _____

Involvement in church and/or Christian community activities:

ACTIVELY **OCCASIONALLY** **RARELY** **OTHER** _____

Please list activities the applicant and parents are involved in:

**Please complete both sides as soon as possible and return to
Desert Christian Middle School as this recommendation is necessary to process the application.**

As you prayerfully complete the recommendation below, please be mindful of the DCS Mission Statement, "It is our mission to disciple young people to be spiritually maturing, academically prepared, and possess an integrated Biblical worldview so that they impact their world for Christ."

How would you evaluate the **parents** in the following areas?

Church relationship, attendance, and loyalty _____

Personal relationship to Jesus Christ _____

Interest in having their child know and walk with the Lord _____

Teachability and interest toward serving _____

Command respect and obedience from the family _____

How would you evaluate the **applicant** in the following areas?

Church relationship, attendance, and loyalty _____

Personal relationship to Jesus Christ _____

Teachability and interest toward serving _____

Evidence of spiritual growth _____

Other comments _____

NAME (PLEASE PRINT) _____ POSITION _____

EMAIL _____

CHURCH NAME _____

CHURCH ADDRESS _____

PHONE NUMBER _____ DATE _____

THANK YOU FOR YOUR ASSISTANCE

TEACHER RECOMMENDATION
2009–2010 School Year

Desert Christian Middle School
7525 E. Speedway Blvd.
Tucson, Arizona 85710
(520) 795-7161 Fax: (520) 795-3386

DATE: _____

Applicants of all races, color, and national or ethnic origin are welcome to apply

and are considered for admission without discrimination.

APPLICANT NAME: _____ APPLYING FOR GRADE: **6 7 8**

My son/daughter is applying for admission to Desert Christian Middle School. I would appreciate your completing this form and returning it directly to the Registrar. I understand that your evaluation will be held in confidence by the school's authorities. **SCHOOL ADDRESSED-STAMPED ENVELOPE WILL BE PROVIDED BY THE STUDENT.**

1. In your experience, how does this student perform academically? Please circle your answer.
 - A. Does very well academically
 - B. Does average work academically
 - C. Does below average work academically
 - D. Has significant difficulty in academics

2. Additional information regarding your answer to question #1 is helpful and appreciated.

3. On the basis of your experience and observation, does this student seek to do as well as possible academically?

4. Please select one of the following to describe the applicant's character and general behavior. Please circle your answer.
 - A. This individual has been an exemplary student
 - B. This individual has performed reasonably well
 - C. This individual has needed disciplining from time to time
 - D. This individual has been a discipline problem

5. Additional information regarding your answer to question #4 is helpful and appreciated.

6. In your opinion, what is the applicant's most outstanding characteristic?

Please complete both pages as soon as possible and return to Desert Christian Middle School. This recommendation is required to process the application.

Your candid estimate of the applicant will be of invaluable assistance to the Admission Office and your comments will be held in strict confidence. Please indicate your opinion by selecting a number at the top of the columns and rating the applicant by writing it in the right-hand column. Use a question mark where you have insufficient data.

<i>area</i>	4	3	2	1	<i>rating</i>
Academic Ability	Exceptional	Average	Lower marginal	Poor academic risk	
Initiative, Drive	Outstanding, Exceptional	Generally strong enough	Occasionally weak or lacking	Very weak	
Homework Responsibility	Assignments always in on time	Assignments usually in on time	Assignment frequently missing	Record of irresponsibility	
Interest in Non-academic Activities	Outstanding	Active	Minor participation	No participation	
Behavior & Attitude	Outstanding	Average	Below Average	Poor	
Peer Relationships	Highly-respected	Average	Some difficulty in cultivating	Poor/unhealthy, unskilled	
Emotional Stability	Extremely well-balanced	Usually no problems	Some problems	Many problems	
Respect for Authority	Outstanding	Average	Below Average	Poor	
Honesty & Dependability	Outstanding	Average	Below Average	Poor	
Attendance	Outstanding	Average	Below Average	Poor	
Reading Comprehension	Outstanding	Average	Below Average	Poor	
Writing Skills	Outstanding	Average	Below Average	Poor	
Discussion Skills	Outstanding	Average	Below Average	Poor	

Current Math Program (Textbook/Publisher)

Additional comments concerning this student or any observed attitudes or behaviors that you care to comment about are helpful and appreciated. _____

Thank you for helping us in evaluating this student. Your comments are appreciated and will be kept confidential.

NAME OF TEACHER: _____

NAME OF SCHOOL: _____

ADDRESS: _____

Signature

Date completed

Position

Subject

Phone Number