



***The following student has applied for admission to Chapel Hill Academy.  
 Please complete this form and fax it to Admissions-Chapel Hill Academy, 952-949-3871***

NAME: Last:	First:	PRESENT GRADE:
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How long have you known this applicant?

Do you personally know the student's family?

*Please rank the following with a check mark under the appropriate response:*

	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE
Study Skills			
Respect for Other Students			
Respect for Authority			
Academic Ability			
Motivation			
Leadership Qualities			
Verbal Abilities			
General Behavior			

Briefly describe the student's strengths and weaknesses you have observed.

What extracurricular activities does the student participate in?

Would you recommend this student to our school? Circle one: Yes No

Why or Why not?

SIGNATURE:	DATE:
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CHURCH NAME:

POSITION:

ADDRESS:

PHONE:

EMAIL ADDRESS: