

Life Center Academy 2045 Columbus Road Burlington, NJ 08016 (609) 499-2100 (609) 499-4905

APPLICANT REFERENCE FORM

TO BE COMPLETED BY THE APPLICANT:

Last name	First name	Middle initial	Current Grade	
Permanent addre	ess:		_	
Telephone number	ephone number:Mobile number:			
Email address:				
I hereby waiv	re my right to review this form:			
		(Signature of applicant)		
It is the application	ant's responsibility to provide a school addressed, stamped envelope to the person completing this form.			
Note: The above complete the evaluation that the complete the evaluation of the complete that the complete th	PLETED BY THE STUDENT REFERENCE: The student has applied for admission to alluation as outlined below. If you prefer, you form will be held in strict confidence, proww. Otherwise, the candidate may review his	ı may write a brief statement in vided the candidate has signe	n lieu of or in addition to completing	
<u>Acquaintance</u>	e with Candidate:			
	□Teacher	□Principal	□Pastor	
Evaluation: (Please review those traits which you feel qu	alified to evaluate):		
1. Listens atte	ntively:			
2. Observes ru	ules of school and class:			
3. Attitude:				
	:			
	lity:			
	others:			
7. Additional in	nformation and/or comments:			
Name:		Position:		
Name of School	l or Church:			
Signatur	re:	Date:		
Please o	complete and mail or email as soon as poss	ble to: Admissions Life Center Academy 2045 Columbus Road Burlington, NJ 08016 Email: kgross@lcma	İ	