



GREENLEAF FRIENDS ACADEMY
Reference / Recommendation Form

Recommendation for: _____ Grade: _____ Date: ____/____/20____

Your Name: _____ Relationship to applicant: _____

Name of meeting (church): _____ Your Phone Number _____

Thank you for helping us with our “new student” screening process.
All information is kept confidential.

The meeting (church) involvement of this child and/or family is:

Very active Somewhat active Not active

Comments: _____

This student’s relationship to others of the same age is:

Blends well Gets along okay Does not blend well

Comments: _____

This student’s relationship to God seems to be:

Excellent Good Okay Unsure

Comments: _____

This student shows: (check all that apply)

Initiative Motivation Integrity Influence & Leadership Concern for others

Responsibility Comments: _____

Do you have additional comments such as strengths, challenges etc.?

(Please feel free to make additional comments on the reverse side.)

Please return this form directly to:

Admissions
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