

**Washtenaw Christian Academy**  
7200 Moon Road  
Saline MI 48176  
Phone: (734) 429-7733 Fax: (743) 944-8343  
[www.washtenawchristian.org](http://www.washtenawchristian.org)

**CHARACTER REFERENCE FORM**

**To be filled in by the family:**

After you have filled in this section, please give this form to your child's prior school to complete and instruct them to mail it directly to Washtenaw Christian Academy (WCA).

Parents: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Name and grade/age of child for whom you are applying to WCA:

\_\_\_\_\_

I authorize this information to be released to Washtenaw Christian Academy.

Parent's signature: \_\_\_\_\_

**To be filled out by prior school:**

The above named family has applied for enrollment to Washtenaw Christian Academy. Please aid us by answering the brief questionnaire below.

1. How long has the student attended your school? \_\_\_\_\_

2. Has the student had any disciplinary problems with your school?

[ ] Yes [ ] No

If so, state the nature of the problem. \_\_\_\_\_

\_\_\_\_\_

3. Does the student have any sort of special education needs?

[ ] Yes [ ] No

4. How would you rate the student's scholastic ability?

[ ] Superior [ ] Above Average  
[ ] Average [ ] Below Average [ ] Needs special help

5. How do you rate this student's attitude toward school?

[ ] Excellent [ ] Average [ ] Needs special help

6. Is there anything we should know concerning this student?

\_\_\_\_\_

\_\_\_\_\_

7. Would you recommend us enrolling this student?

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Yes

No

If no, state why.

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Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

Name of School/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_