

LIVINGSTONE ADVENTIST ACADEMY
A SEVENTH-DAY ADVENTIST SCHOOL ❖ GRADES 9-12
CHARACTER REFERENCE FORM

To be completed by the applicant

Name: _____ Grade Entering _____

Recommendations are confidential. By signing below, I waive my right to inspect and review this recommendation.

Student signature: _____ Date: _____

In compliance with the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), if the student has not signed above, he or she may have access to this form.

To be completed by the recommender

Name: _____

Address: _____

Phone: _____ Best time to call: _____

How long have you known applicant? _____

In what capacity? _____

How would you characterize the applicant's academic performance, if known? _____

Indicate any special talents, skills, or leadership qualities you have observed in the applicant. _____

In what areas of personality and performance would you like to see growth? _____

Would you recommend this student for acceptance at Livingstone Adventist Academy? _____

Comments: _____

Signature: _____ Date: _____

Please return this form to: **Admissions, Livingstone Adventist Academy**
5771 Fruitland Road NE, Salem, OR 97301

This form is to be completed by a principal, teacher or pastor who knows the applicant well.