



Educator's Recommendation

Dear Teacher:

Our child has applied for admission to River City Believers Academy. Please complete this reference for him/her and return it to:

River City Believers Academy- (The form may be mailed or faxed)- (210) 496-2888
16875 Jones Maltsberger
San Antonio, Texas 78247

I understand that the information on this questionnaire is confidential and is for the use of admission purposes only. I give my permission for _____ to release information to RCBA.

Student Full Name: _____ DOB: _____

 Parent Signature

 Date

Please rank the student in these areas:	Excellent	Good	Average	Below Average	No Basis for Judgment
Achievement in Relation to Ability					
Respect for Authority					
Conduct					
Motivation					
Attitude toward Teachers					
Study Habits					
Peer Relationships					
Self Discipline					
Response to Discipline					
Leadership Ability					
Regular Attendance					
Cooperation of Parents					

List three character traits you feel best describe this student.

1. _____ 2. _____ 3. _____

Name of Teacher: _____ Subject taught: _____ Date: _____

