

Student Reference Questionnaire 2024 - 2025



Sandia View
Christian School
024 Academy Dr. Corrales, NM 87048
(505) 897-4805
svcsinfo@sandiaview.org

Student Name _____ **Grade Applying For** _____

PARENT/GUARDIAN WAIVER: Please complete this portion prior to completion of the Reference portion.

I, _____ waive all rights to read or view this document once completed by
(Parent/Guardian Name Printed)

the required individuals.

Date: _____ Signature: _____

An application has been submitted to Sandia View Christian School for the above named student. To assist us in providing the best educational placement for the student, please complete the form honestly. Please return this form to the address above as soon as possible. Please DO NOT return this form to the applicant. Your response will be held in the strictest confidence and will not be available for student review. Thank you for your assistance.

Please rate the applicant on the following by placing a ✓ in the appropriate box.

CHARACTERISTICS	Below Average	Average	Above Average	Excellent	Not Observed
Health	Weak, often incapacitated	Low vitality	Good, average health	Vigorous health	
Personal Appearance	Undesirable	Careless	Neat, clean	Well-groomed	
Influence Upon Others	Detrimental	Passive	Helpful	Strong influence for good	
Integrity	Frequently dishonest; steals and/or cheats	Questionable at times	Basically honest	Consistently trustworthy & honest	
Friendships	Chooses friends of detrimental influence	Careless in choices of friends	Usually careful in choice of friends	Chooses friends with high standards	
Social Relationships	Disliked	Small circle of friends	Generally well liked	Exceptionally well liked	
Judgment	Poor sense of values	Jumps to conclusions	Uses good common sense	Uses very good judgment	
Reliability	Often irresponsible	Must be supervised	Dependable	Conscientious and reliable	
Industriousness	Lazy	"Gets by"	Works well	Ambitious	
Cooperation	Self-centered	Cooperates at times	Cooperative	Always tries to please	
Emotional Stability	Tense, excitable, loses control	Occasionally too emotional, moody	Fairly well-balanced	Self-controlled, serene, happy	
Spiritual Interest	Negative	Passive	Participates	Active, leader	
Intellectual Ability	Below average	Average	Above average	Superior	

(Continued on other side)

To your knowledge, has the applicant used any of the following Alcohol Tobacco Illegal Drugs

Please note any disciplinary action, censure, suspension, expulsion, arrest or probation which the applicant has experienced. (use separate page if needed)

To your knowledge, has this family been supportive of school and classroom policies?

Other comments that could help us make the best decision for this applicant: (use separate page if needed)

How long have you known the applicant? _____ In what capacity? _____

Name of person completing this form (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature: _____ Date: _____