

STUDENT REFERENCE



OUACHITA HILLS ACADEMY OFFICE OF REGISTRAR

P.O. Box 35, Amity AR 71921

Phone: (870) 342-6210 - Ext 228 / Fax: (870) 342-9569

Email: registrar@ouachitahillsacademy.org Web: www.ouachitahillsacademy.org

Name of student: _____ E-mail of Student or Parent: _____

Name of Referrer: _____ E-mail of Referrer: _____

Occupation: _____ Phone Number: (____) _____ - _____ Date: ____/____/20____

Address: _____ City: _____ State: _____ Country: _____

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

Instructions: The above student has applied for admission to Ouachita Hills Academy and has requested you to serve as a reference for him/her. Your honest and candid appraisal will assist us in making an informed decision regarding this student's compatibility with our spiritual, academic, and physical program. This referral will be kept strictly confidential and the forms will be destroyed once the application is processed. Your prompt response is appreciated, as the application cannot be reviewed until this is received. Please send the form directly to Ouachita Hills Academy and do not return to the applicant for submission. You may use one of the following methods to return the form:

Fax: You can fax it to 870-342-9569

E-mail: You can fill it out electronically if you can edit PDF's or scan it and e-mail it to registrar@ouachitahillsacademy.org

Photo: You can take a photo of it on your phone and e-mail to registrar@ouachitahillsacademy.org

USPS Mail: You can send it snail mail to Registrar, Ouachita Hills Academy, PO Box 35, Amity AR 71921.

Please answer the questions to the best of your knowledge. Note that there is additional information on the reverse side. You may attach an additional letter of recommendation if you wish.

1) Choice: To the best of your knowledge, do you believe it is the applicant's own personal choice to attend Ouachita Hills Academy?

Personal Choice Partially his/hers Mostly parents or others No Knowledge Other: _____

2) Evaluate the applicant as he/she relates to the following:

Characteristic.....Highest..... Lowest..... No Knowledge

Spiritual Interest..... Committed/Engaged ... Interested but Seeking... Not Committed by Open Passive/Resistive

Involvement in Church ... Active/Involved..... Willing but not Active Disengaged..... Resistive.....

Relation to Authority..... Always Respectful

Discipline/Correction..... Easily Approached

Trustworthiness..... Always Truthful

If disagree with rules Submissive

Scholastic Interest

Attention & Focus

Punctuality

Industriousness

Tidiness/Personal Space. Neat/Organized

Personal appearance..... Always Neat/Tidy.....

Dress & Modesty:..... Always Modest

Relation to Opposite Sex Circumspect/Reserved Very Friendly.....

Emotionally Stability..... Healthy/Solid/Stable ...

Attitude

Peer influence

Personal Relations..... Outgoing/Social

Health

Parent's Finances

3) Criminal Record: Has the applicant ever had a criminal record or dealings with the law? Yes No Not to my knowledge

4) Substance Abuse/Addiction: Has the applicant ever: had alcohol done drug or smoked? Not to my knowledge

5) Roommate: If you had a son or a daughter at OHA, would you have any reservations about having him/her as a roommate?

No Reservation Some Reservation I would not want my child to be his/her roommate

6) Discipline: Has the applicant ever been dismissed, suspended, or received discipline for conduct at a school? Yes No NA

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If Yes, Please Explain: _____

7) What has been the home environment (stability, discipline, nature of conflict resolution, respect to parents, etc.) of the student?

8) What do you see are the greatest strengths of the applicant?

9) Additional Comments: Please give any further information that would be helpful in evaluating this applicant or in guiding him/her as a student.

9) Recommendation: Considering the applicant for acceptance as a student at Ouachita Hills Academy Academy:

- I recommend without reservation
- I recommend with some reservation
- I do not recommend under the present circumstances..
- I do not recommended under any circumstances

10) Others: Do you know of anyone else with knowledge that would be helpful in evaluating this applicant?

Name: _____ Phone: _____ Email: _____

Signature: _____ **Date:** ___/___/20___

Note: References are strictly confidential and will be destroyed once the application is processed. Your honest and frank evaluation is appreciated. Please keep in mind that the applicant’s file will not be reviewed until this form is received.