Town Creek Christian Academy Application For Admissions

Reference of Family or Non-family Member

TO THE APPLICANT: (please print clearly)

Fill in the information below and give this form to a person of your choice.

Student Name _____ ❑ Male ❑ Female

Candidate for the academic year beginning _____ Applying for: ❑4K-5K ❑Lower School ❑Middle School ❑High School

REFERENCE: FAMILY OR NON-FAMILY MEMBER

This student is applying for admission to Town Creek Christian Academy, a private school. In providing you with this form, the student and his/her parents/guardian have authorized your assessment of the above student's character. The Admissions Committee depends on your candid evaluation. This form is confidential. Do not return to the student or student's family. Please return to: Town Creek Christian Academy Admission Department, 250 Town Creek Road, Aiken, SC 29803.

Name: _____ Relationship to applicant: _____

Phone Number: _____

How long have you known the student? _____

Would you recommend this student? ❑ Yes ❑ No

Please give detailed reason for your answer:

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