Fort Collins Christian School
2040 Nancy Gray Ave. Fort Collins, CO 80525
970-222-6347
www.fcchristianschool.com

Student Reference Form

Name of Student: _____ **Entering Grade**: _____

Name of Reference: _____ **Phone Number**: _____

Relationship to Applicant (circle one): Pastor, School Teacher, Family Friend, Other: _____

The above applicant who has applied for admission to Fort Collins Christian School listed your name as reference. Fort Collins Christian School is the Seventh-day Adventist Christian School which includes preschool through 8th grade. Please complete the form below and return to Fort Collins Christian School at your earliest convenience by emailing or mailing.

1. **How would you evaluate the applicant on the following? Please comment.**

	Excellent	Good	Fair	Poor	No Info
Character:					
Behavior:					
Relationship to peers:					
Relationship to teachers, adults, sponsors, etc.					
Academic Ability:					
Response to discipline and/or guidance:					
School Attendance, Church Attendance, Youth Group participation, interest in church activities:					

2. **Please comment in regard to this applicant's strong points and weak points.**
   - Strong points: _____
     _____
   - Weak Points: _____
     _____

3. **Do you have personal knowledge or information that the applicant has used or have been involved in any of the following? Please check if you do.**
   _____ Smoking, _____ Drinking alcohol, _____ Using non-prescription drugs _____ Destroying private or public property, _____ Fighting, Bulling or over-aggressive behavior

4. **Do you recommend that we consider this applicant for admission to Fort Collins Christian School?**
   _____ Yes _____ No _____ Hesitate _____ Not sure or do not know enough about them

Signature of person completing form: _____ Date: _____

ROCKY MOUNTAIN CONFERENCE
DEPARTMENT OF EDUCATION

AUTHORIZATION TO RELEASE STUDENT RECORDS

Student Name: _____

Name and Address of school Previously attended:

_____

_____

_____

Please send all school information including immunizations on the student listed above.

Date: _____

Principal/Registrar _____

According to Family Education Rights and Privacy act, it is no longer necessary to obtain written consent to release records to other educational institutions.

PLEASE MAIL TO:

Fort Collins Christian School

2040 Nancy Gray Ave

Fort Collins, CO 80525

If you have additional questions or concerns, contact Rocky Mountain Conference, Education Office, 2520 S. Downing Street, Denver, Colorado 80210 (303) 733-3771 ext 136.

Rocky Mountain Conference
2520 South Downing
Denver, CO 80210 • 303-733-3771

SCHOOL ENTRY MEDICAL EXAMINATION REPORT

Physicians should complete this form on all new students entering the RMC school system.

Student Name _____ Birth Date _____ School _____
(Last) (First)

Name of Parent or Guardian _____ Phone _____

Address _____ City _____ State _____ Zip _____

HISTORY: Does this child have a history of any of the following? Please underline positive and use the spaces below for details. Heart disease, seizure disorder, diabetes, orthopedic defect, allergies including asthma, minimal cerebal dysfunction or any other chronic conditions.

_____

_____

_____

Does this child have frequent headaches, stomachaches, sore throats or other somatic complaints? Does this child miss much school? Has there been any significant illness, accident, operation, congenital defect or emotional problems?

_____

_____

_____

I have examined the above named student and obtained a medical history. The following medical finding(s) were noted:

Hearing _____

Visual _____

Other _____

_____ There were no apparent medical findings which restrict participation in routine school activities and physical education class.

_____ The following is a list of medical findings, activities that should be restricted, and length of restriction.

Medical Findings	Restricted Activities	Date Restriction Ends

_____ _____ _____
Physician's Name Physicians Signature Date

Address _____
Street City State Zip

Office Phone (____)_____