



whereLIFEhappens.org

# Life Christian Academy

1717 South Union Avenue  
Tacoma, WA 98405-1997  
Phone 253-756-5317 / Fax 253-879-9706

## Applicant Reference for Grades K – 5 (to be filled out by current or previous year teacher)

Date: \_\_\_\_\_

To: \_\_\_\_\_  
(current or previous year teacher)

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_

Re: \_\_\_\_\_  
(student who is a candidate for admission to Life Christian Academy)

**We would appreciate your comments regarding this applicant who is seeking admission to Life Christian Academy. Only school officials will read your responses. Thank you for assisting us.**

1. What are this student’s abilities and achievements? Please comment on his/her social development.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What would you most like to accomplish with this student if you were together with him/her for another entire school year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does the student demonstrate grade-level organizational and management skills?

Yes  No

Please comment:

---

---

---

---

---

4. Does this student require consistent behavior intervention?  Yes  No

Please comment:

---

---

---

---

---

We appreciate the time you have spent in preparing this comment sheet. Thank you for your insight and discernment.

---

Signature

---

Relationship to Applicant

---

School Phone Number

---

Date

**Please mail to:** Rebecca Slattery, Registrar, Life Christian Academy, 1717 S Union Ave, Tacoma, WA 98405  
**or FAX to:** 253-879-9706