Covenant Christian Academy
a ministry of Covenant Community Church

Family Name:_____ ***Date:***_____

Private School Covering
Family Reference Form

Pursuant to the Family *Education Rights and Privacy Act of 1974*, you have the right to see this form after it is completed. Please sign one of the following statements before asking your reference to complete this form:

We (I) ❑ waive ❑ reserve the right to see this evaluation form after it is completed.

_____ _____
Parent/Guardian Signature Parent/Guardian Signature

Please submit this form to one of the following: Church Leader ▪ Previous Teacher ▪ Lawyer ▪ CCA Member ▪ Covenant Community Church Member

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Name of Person Giving Reference: _____ Title/Qualification: _____

Phone:_____ Address: _____ E-Mail:_____

We appreciate your assistance and honest answers. Please note that it would be inappropriate to complete this form before the applicant has exercised their waiver option above.

- How long and in what capacity have you known this family? _____
- List three adjectives that describe this family: _____, _____, _____
- Are you currently in at least monthly contact with this family? **Y** **N**
- Are you aware of any history of child or substance abuse within this family? **Y** **N**
- Are you aware of any history of legal violations within this family? **Y** **N**
- Would this family have problems being responsible members of this organization? **Y** **N**
- Would you like us to call you regarding this family? **Y** **N**

Please return this form to Covenant Christian Academy at the address listed below. Thank you!