



Thunderbird Christian Elementary

Training Children for Eternity

2024-2025 School Year

Student Recommendation Form

Dear Parent(s)/Guardian:

Thunderbird Christian Elementary must receive at least two recommendation forms for all new students in grades 1st – 8th before the application process is complete. One **must** come from the student’s current classroom teacher/school administrator. The second form may come from a pastor, Sabbath school leader, coach, tutor, babysitter etc., someone not related to the student.

Students may receive more than two recommendations, but two recommendations are required.

Student Name: _____ Applying for Grade: _____

The above-named student is applying for admission to Thunderbird Christian Elementary. Please complete this form as soon as possible and return it to:

Email: office@thunderbirdelementary.com **Mailing Address:** 7440 E. Sutton Drive, Scottsdale AZ 85260

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

(Teacher, Principal, Guidance Counselor, Pastor, etc.)

How would you rate the applicant in the following areas? (Please circle one for each)

- Academic Ability **Good** **Average** **Poor** **Don't Know**
- Christian Influence **Good** **Average** **Poor** **Don't Know**
- Cooperation with Authority **Good** **Average** **Poor** **Don't Know**
- Dependability **Good** **Average** **Poor** **Don't Know**
- Kindness and Courtesy **Good** **Average** **Poor** **Don't Know**

To your knowledge, has the applicant repeated a grade? **No** **Yes** **Don't Know**

To your knowledge, has the applicant been suspended or expelled for behavioral or academic reasons?
No **Yes** (If yes, please explain) _____

To your knowledge, has the applicant ever been evaluated and/or placed on an Individual Educational Plan (IEP)? **No** **Yes** (If so, please explain.) _____

Do you recommend this student? **Yes, without reservation** **Yes, with reservation** **No**

Name (Print) _____ Date _____ Phone # _____