

**RECOMMENDATION FOR ADMISSION
TO
BARBADOS SEVENTH-DAY ADVENTIST SECONDARY SCHOOL**

To be filled by your Minister/Pastor/Elder or a Seventh-day Adventist Church official and sent or mailed directly from him/her to

The Principal
Barbados Seventh-day Adventist Secondary School
Dalkeith Hill, St. Michael

Name of Applicant _____
Surname First Name Middle Name

Home Address _____

To the person completing this form

The student whose name appears on this form is applying for admission to the Barbados S.D.A Secondary School. Your evaluation of the applicant's fitness for acceptance by this school will be greatly appreciated. All information will be treated with strict confidence. Kindly complete this form and send or mail directly to the above address.

PLEASE INDICATE YOUR OPINION OF THE APPLICANT WITH ONE OF THE FOLLOWING RESPONSES

- (1) OUTSTANDING (2) ABOVE AVERAGE (3) AVERAGE
(4) BELOW AVERAGE (5) NO OPPORTUNITY TO OBSERVE

CHARACTERISTICS

Evidence of Christian upbringing _____

Emotional stability _____

Academic motivation _____

Ability to get along with others _____

Honesty _____

Respect for school regulations _____

Respect for authority _____

How long have you known the applicant _____

Has the applicant to your knowledge ever used tobacco? _____ alcohol? _____
illegal drugs? _____

Please give any additional information which may be helpful in assessing the applicant.

Specific recommendation: RECOMMENDED [] RECOMMENDED WITH
RESERVATION [] NOT RECOMMENDED []

NAME _____

TITLE or OFFICE _____

CHURCH _____

ADDRESS _____
