



215 Forest Hills Street, Jamaica Plain, MA 02130
Phone: 617-522-1841, Fax: 617-524-9583
admissions@parksideca.org; www.parksideca.org

Student Reference Form (Grade 4 – 6)

Applying for Grade: _____

To be completed by a Family Friend, Pastor, Coach or other Non-related individual who knows the student well.

The student named above is a candidate for admission to Parkside Christian Academy. Founded in 1976, Parkside is an independent, coeducational, non-denominational Christian day school approved by the city of Boston, home to one of the most racially and ethnically diverse student populations in the nation. Parkside currently enrolls students in preschool through grade eight. Parkside is fully integrated culturally, socio-economically, and denominationally, and seeks to build a strong sense of community among students and their families. The school’s holistic approach to developing healthy youth stresses not only the mastery of essential academic skills, but the integration of moral and spiritual values designed to develop a positive sense of identity, purpose, and commitment to learning and leading. At Parkside, we are committed to “*Academic Excellence with Christian Values*.”

Please offer your candid responses to the questions below. Your responses are an important part of our evaluation of this student, and we would therefore appreciate your thoughtful assessment of his or her intellectual and personal qualities. Descriptive examples are particularly helpful. (Please feel free to use the back of this form. A separate letter, attached to this form, is acceptable.) Please fax or mail directly to our office. Your comments will be held in confidence.

The Admissions Committee

How long have you known the applicant, and in what capacity? _____

What are the first words that come to mind to describe this student? _____

Describe the student’s relationship with adults and peers? _____

What strengths do you feel this student will bring to the Parkside community? _____

How do you desire to see this student grow during his/her time at Parkside? _____

Person Submitting Form Name: _____ **Date:** _____

Address: _____

Phone: _____ **Signature:** _____