



Christian Academy School of Fine Arts Visual Arts

700 S. English Station Road
Louisville, KY 40245
502-244-3225
canderson@christianacademyschools.org

Recommendation Form

Applicant's Name: _____

I waive my right of access to these recommendations written on behalf of my child's candidacy for admission. Parent Signature _____

The following portion should be completed by a teacher who knows the applicant's artistic ability and would be willing to recommend him or her for this program of study. The answers will be kept confidential and they will only be seen by the Admissions Department of Christian Academy School of Fine Arts. Thank you for your time in completing this application.

	Outstanding	Excellent	Average	Poor	Unknown
Creativity					
Imagination					
Grades					
Attendance					
Class Participation					
Completes Assignments (on Time)					
Self Discipline					
Dependability					
Self Motivation					
Ability to Take Criticism					
Ability to Take Direction					
Ability to Work Alone					
Respect of Peers					

How long have you known the applicant, and in what capacity do you know his/her artistic ability?

Additional comments (or attach letter if desired):

Please Mail or Fax to:

Christian Academy School of Fine Arts
700 S. English Station Road
Louisville, KY 40245
Fax: 502-753-4548

Signature of Evaluator: _____ Telephone: _____

Please Print Name: _____

Position or Title: _____

School where you taught this student:: _____

DUE DATE: MAY 25, 2009