



Cypress Christian Schools

## Letter of Reference

Please have a current teacher or care provider complete the following. This may be a school teacher, preschool/daycare teacher, Sunday school/church teacher, or sports/other coach.

Applicant's Name \_\_\_\_\_

Reference Name \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

How would you describe the applicant as a student?

How would you describe the applicant's ability to get along with other students? Adults?

Is there any other information about this applicant that you feel would be helpful in making an enrollment decision?

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail/return to:

Cypress Christian School  
375 Alton Darby Creek Rd.  
Galloway OH 43119