arent Waiver: Please give this form to three of your cl				
acher, one to current math, and the third reference sho	ould go to any ot	her core curriculum	teacher. Upo	n completion, the te
ust return this form via fax, mail or email to Knoxville	Christian Schoo	ol, 11549 Snyder Ro	ad, Knoxville	TN 37932;
ternational@kcsknights.org, fax number (865) 671-21		•		
ecommendations become the confidential property of trents.	Knoxville Chris	tian School and are	not subject to	applicant or
gnature of Parent or Guardian:	Date:			
ear Educator, the student listed above is applying reference from you. This information is confiden		to Knoxville Chris	stian School	and has requested
Please mark the appropriate area:	LOW	AVERAGE	HIGH	NOT
				APPLICABLE
istens to and follows teacher direction				
Demonstrates ability to work independently				
Organization ability				
Classroom preparation				
ndependent study skills				
Vriting ability				
Reading comprehension				
Problem solving skills				
ntellectual curiosity				
Math skills				
Work ethic				
Ability to get along with others				
Cooperation				
Respect for authority				
Emotional maturity				
Moral character				
Concern for others				
Self-discipline				
·	mend this stu	dent for admissio	n to Knoxvil	le Christian
ease indicate to what degree you would recom chool.				

		s the applicant had any history of physical or emotional problems (that might inhibit ceed in the classroom)?			
Yes	No	If yes, please explain			
Has the a	oplicant ever	been suspended or expelled from your school?			
Yes	No	If yes, please explain			
Would app	olicant be per	mitted to re-enroll at your school?			
Yes	No	If no, please explain			
Please giv	e any additio	nal comments you think may be relevant			
Teacher		Class			
Signatur	e	School			
Contact email					