



Please return to:
Alison Young, Director
at the LPP address below.

CHARACTER REFERENCE FORM

ENROLLING CHILD'S NAME _____

PARENT'S NAME _____ SIGNATURE _____ DATE _____

*I hereby give permission for the information below to be released,
and understand it will be confidential.*

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TO WHOM IT MAY CONCERN:

THE PERSON LISTED ABOVE WILL BE COOPERATING CLASSROOM PARENT IN ONE OF OUR CLASSROOMS IN THE UPCOMING SCHOOL YEAR, 2016-17. WE NEED TO HAVE TWO REFERENCES ON FILE FOR EACH COOPERATING PARENT, AND WOULD APPRECIATE YOUR COMPLETING THIS REFERENCE FORM.

1. HOW LONG HAVE YOU KNOWN THIS INDIVIDUAL? _____

2. IN WHAT CAPACITY/RELATIONSHIP? _____
3. IS THIS PERSON, IN YOUR OPINION, OF GOOD CHARACTER? _____
4. ARE YOU AWARE OF ANY STRENGTHS OR WEAKNESSES THAT MAY RELATE TO HIS/HER PERFORMANCE IN THE CLASSROOM? _____

SIGNATURE OF CHARACTER REFERENCE _____ DATE _____

PRINTED NAME OF CHARACTER REFERENCE _____ CONTACT PHONE OR EMAIL ADDRESS _____