



TEACHER REFERENCE FORM FOR STUDENT APPLICATION

Student: Please ask a teacher of your choice from your last academic year, or a pastor or adult friend if you are homeschooled, to provide a "Letter of Reference" to the address below. This will be reviewed as part of your application process.

Applicant's Name: _____

Teacher's Name: _____

Teacher's School: _____

Teacher: Please describe your experience with this student during his most recent year of school. Your evaluation of his strengths and weaknesses in academic and social areas, as well as any information regarding strategies and support he received from you and the school that were successful would all be appreciated. Feel free to attach additional pages if needed.

___ Feel free to call or email me with any questions. Phone: _____

Email: _____

Teacher Signature

Date

Please mail by July 5, 2017 to: Buffalo Creek Boys School; 283 Mateer Rd., Lexington, VA 24450

Phone: 540-463-7785