



TRIPLE C SCHOOL
74 Fairbanks Road, GT
P. O. Box 10498
Grand Cayman KY1-1005
CAYMAN ISLANDS
Phone: 345-949-6022 Fax: 345-949-6803
Website: www.triplecschool.org E-mail: triplec@candw.ky

PARENTS’/GUARDIANS’ CHARACTER REFERENCE
(To be completed by a pastor or personal friend—not a relative)

Names of Parents/Guardians: _____

Name of Student: _____ Present Grade: _____

The parent(s) named above is/are seeking admission for their child(ren) to Triple C School, a private, Christian, PS-Grade 12 School in George Town, Grand Cayman, Cayman Islands which operates on the American system.

Triple C School has a strong commitment to character building on a Christian foundation. It is our goal to provide an environment that would foster not only an appreciation and respect for the great truths of the Christian religion but also a commitment to Jesus Christ and service to humanity. The school has a strict code of dress and conduct, and it is recognized as an institution with a strong academic program. We are eager to find families whose objectives are similar to ours and with whom we can be partners in the Christian and academic training of their children.

***Please complete this form and mail/fax/email it to the address above.
All responses will be treated confidentially.***

1. How long have you known this family? _____

2. What is your relationship to this family? _____

3. How are the father and mother involved in the life of the child(ren)? (please check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Spiritually | <input type="checkbox"/> Discipline | <input type="checkbox"/> School Matters |
| <input type="checkbox"/> Sports Activities | <input type="checkbox"/> Financial Provider | <input type="checkbox"/> Uninvolved |

4. What does this family do for entertainment? _____

5. How is this family involved in the community? _____

6. What do you know about discipline in the home? Explain: _____

7. How does the child(ren) relate to his/her mother? (please check one)

- | | | |
|-------------------------------|------------------------------------|--|
| <input type="checkbox"/> Well | <input type="checkbox"/> Very Well | <input type="checkbox"/> With Difficulty |
|-------------------------------|------------------------------------|--|

8. How does the child(ren) relate to his/her father? (please check one)

- | | | |
|-------------------------------|------------------------------------|--|
| <input type="checkbox"/> Well | <input type="checkbox"/> Very Well | <input type="checkbox"/> With Difficulty |
|-------------------------------|------------------------------------|--|

9. Does this family attend church? Yes No Name of Church: _____

10. In what church ministries is this family involved? _____

11. What personal strengths do you see in the father? _____

12. What personal strengths do you see in the mother? _____

13. Is this a strong family? Yes No

If your answer is yes, what evidence do you see that leads you to that opinion? _____

14. Comments: _____

Referee's Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Signature: _____ Date: _____