

DATE _____

LCA NEW STUDENT REFERENCE REQUEST – 2 REQUIRED

My child, _____, is applying to attend Lester Coon Adventist School, 11429 Bates Road, Apison, TN 37302. In case the person completing this reference request would like to contact the school - phone 423/236-4926 or fax 423/236-5677. I grant permission for school administrators to contact the following individual (non-relatives) and request a confidential, written reference for my child:

Name

Relationship to child – teacher, pastor, friend, daycare provider, etc.

Home Phone

Cell Phone

Address

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian