



PASTOR'S RECOMMENDATION

Pastor, Youth Worker, Sunday School Teacher (no family members, please)

Student's Name _____

A recommendation must be received for all students entering grades six through twelve. Students should fill in their name on the line above, place a postage stamp on the reverse side, and give this form to their minister, youth pastor, or Sunday school worker (must be over the age of 21). Two recommendations (one from a pastor and one from a teacher) are needed.

Please sign the following waiver. *I, the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-380 to inspect or challenge the content and comments expressed in this Personal Recommendation.*

Parent's Signature _____ Date _____

Student's Signature _____ Date _____

Minister: Please complete this recommendation carefully and mail/fax it directly to us as soon as possible. This information will be strictly confidential. Thank you for your time and assistance. Ph 918-249-9100 • Fax 918-317-5158

A. How long have you known this person? _____

B. How familiar are you with their spiritual life? _____ Their social life? _____
 very familiar familiar unfamiliar very familiar familiar unfamiliar

C. To the best of your knowledge, has he/she accepted Jesus Christ as his/her personal Savior? Yes No

If so, how long has he/she been a Christian? _____

Does his/her daily life reflect Jesus and show growth toward spiritual maturity? Yes No

Please explain: _____

D. Please describe this person's relationship with their parents (include information on the parents' spiritual and moral leadership and discipline).

E. Please describe this person's relationship with their brothers and/or sisters.

F. Does this person respond well to authority? Yes No

G. With what type of friends does he/she usually associate? _____

H. What are his/her special abilities? _____

I. What is his/her attitude toward such practices as smoking and the use of alcoholic beverages and drugs?

J. Does he/she have any emotional or physical problems that would hinder him/her in a strict academic environment?

Yes No If yes, please explain: _____

K. What involvement has this person had in church? _____

L. Is this person willing to practice the self-discipline necessary to be a good student? Yes No

M. Please check one box under each topic.

Self-Discipline

- Excellent
- Good
- Needs Improvement

Responsibility

- Excellent
- Good
- Needs Improvement

Acceptance By Others

- Excellent
- Good
- Needs Improvement

N. Please check one box under each topic.

Honesty	Leadership	Influence On Others	Moral Character & Sexual Purity
<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent	<input type="checkbox"/> Positive	<input type="checkbox"/> Above Reproach
<input type="checkbox"/> Good	<input type="checkbox"/> Neutral	<input type="checkbox"/> Neutral	<input type="checkbox"/> Questionable
<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Below Average	<input type="checkbox"/> Negative	<input type="checkbox"/> Serious Problem

O. Additional comments: _____

P. Do you recommend that we accept this person as a student? Yes Questionable No

Please print name

Signature

Date

Telephone Number

Occupation: _____

fold here _____

fold here _____

GRACE CHRISTIAN SCHOOL

Attention: Records Office
9610 S. Garnett Rd.
Broken Arrow, Oklahoma 74012

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