

Barry County Christian School
2999 McKeown Rd
Hastings, MI 49058
Telephone (269) 948-2151
Fax (269)948-2795

PASTOR'S CONFIDENTIAL RECOMMENDATION FORM

I. **TO BE FILLED IN BY THE FAMILY:** After you have filled in the top section, please give this form to your Pastor to complete and **mail** or **fax** directly to the school.

Parent's Name: _____

Parent's Address: _____

Church Home: _____

Names/grades of children whom you are applying to B.C.C.S.

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

II. **TO BE FILLED BY THE PASTOR:** The above family has applied for enrollment to Barry County Christian School. It is our desire to work with you in a total evaluation of them prior to their being accepted. Please aid us by answering the following questions. Only the board members and the administrator will read this recommendation. Feel free to make a copy of this form prior to its return to us, and share its content with the family, if you so desire.

Is the above family an active member of your church or fellowship? Please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you known the family?	
Have you ever visited this family in their home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you consider the children open and sensitive to spiritual instruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the children cooperate well with those in authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
With peers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any matters that you feel would be helpful to us as a school in evaluating the admission of this family? Explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you recommend this family for admission to Barry County Christian School?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No recommendation

Signature _____ Date _____

Position/Title _____