



PASTORAL RECOMMENDATION FOR STUDENT APPLICATION

(To be completed by the Pastor or Assistant Pastor of the applicant)

Student's Name _____ Parent's Name _____

Church Name _____ Pastor's Name _____

Pastor's Phone Number _____ Pastor's Email _____

Please answer the following:

1. How long have you known the family? _____
How well do you know them?

2. How are the family members active in your church?

3. Please comment on the spiritual maturity of the family and prospective student?

4. What is the involvement level of the parents in the spiritual development of the student?

5. Check what best describes each family member's pattern of attendance:

Father ___Regular (3-4 Times/Month) ___Periodic (At Least Once/Month) ___Seldom

Mother ___Regular (3-4 Times/Month) ___Periodic (At Least Once/Month) ___Seldom

Student ___Regular (3-4 Times/Month) ___Periodic (At Least Once/Month) ___Seldom

6. Rate the student applicant in each area using the following scale: 3-Above Average, 2-Average, 1-Below Average

___ Church Involvement

___ As an Asset to your Church

___ Response to Authority

___ Response to Correction

___ Spiritual Maturity

___ Christian Testimony

___ Honesty

___ Integrity

___ Dependability

Pastor's Signature

Student's application is on hold pending receipt of this recommendation. Upon completion, please mail or email (school@priorlakebaptist.org) this form to Prior Lake Christian Academy.