



**PASTOR'S CONFIDENTIAL RECOMMENDATION**

*Pastor, if you are filling out this form for more than one student, please comment separately.*

**I. To be filled in by the family**

Parent's Name \_\_\_\_\_

Parent's Address \_\_\_\_\_

Church Home \_\_\_\_\_

Name / grade of child for whom you are applying to Rock County Christian School:

Name of Student

Grade

\_\_\_\_\_

*(After filling out this top section, please give this form to your Pastor to complete and mail directly to the school.)*

**II. To be filled out by the Pastor:** The above family has applied for enrollment to Rock County Christian School. Please aid us by answering the brief questionnaire below. Only the school administration will read this recommendation. Feel free to make a copy of this form prior to its return to us, and share its contents with the family, if you so desire. (You may attach additional paper if more room for comments is needed.) Thank you!

1. How many years has the family attended your congregation? \_\_\_\_\_

2. Are the parents members of your congregation? \_\_\_\_\_ Is the student a member? \_\_\_\_\_

3. How would you evaluate the family's involvement in the ministries of your congregation?

- \_\_\_ Regular and faithful      \_\_\_ Fairly regular and faithful  
\_\_\_ Sporadic in attendance      \_\_\_ Seldom attends / participates

4. How long have you known the family? \_\_\_\_\_

5. Have you ever visited the family's home? \_\_\_\_\_ What was your general impression?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Please feel free to comment about individual children on questions 6-9.**

6. Would you consider the child applying to be open and sensitive to spiritual instruction?

---

---

---

---

7. Does the child applying cooperate with those in authority? \_\_\_\_\_

With peers? \_\_\_\_\_

---

---

8. What evidence is there that the parent(s)/guardian, and the student are born again? (John 3)

---

---

---

9. Are there any matters that you feel would be helpful to us as a school in evaluating the admission of this student? \_\_\_\_\_

---

---

---

10. Do you recommend this family for admission to Rock County Christian School? ? Yes ? No  
Recommendation \_\_\_\_\_

---

---

God bless you and your ministry. Thank you for your help.

**Please Return To:**  
Rock County Christian  
ATTN: Principal  
916 Bushnell  
Beloit, Wisconsin 53511

Signature \_\_\_\_\_

Title / Position \_\_\_\_\_

Name of congregation \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Today's Date \_\_\_\_\_