

Pastoral Recommendation Form

Name of Student _____ Grade to which applying _____
(Please print) LAST First Middle

To the Parent:

Please complete the top section of this form and give it to a pastor, youth pastor, or Sunday School teacher who knows your child well. I give my permission for the following information to be released to Jansen Christian Academy. I understand that it will be treated confidentially and will not be released to me.

Signature of Parent

To the Reference:

This student is seeking admission to Jansen Christian Academy, a Christ-centered school which offers instruction for Kindergarten through 6th grade. We would appreciate your observations.

If you wish to discuss this student personally rather than complete this form, please check here [] and complete the bottom portion. We will contact you.

PARENT INFORMATION

Are parents members of your church?

Mother ___Yes ___No

Father ___Yes ___No

Level of involvement:

___Active

___Inactive

Their involvement includes:

___Sunday School attendance

___Teaching

___Choir

___Committees

___Youth work

___Other _____

Frequency of attendance:

___Weekly ___Monthly ___Occasionally

STUDENT INFORMATION

Is prospective student a member of your church?

___Yes ___No

Level of involvement:

___Active ___Inactive

His/her involvement includes:

___Sunday School attendance

___Teaching

___Choir

___Youth activities

___Structured

___Social

___Other _____

Frequency of attendance:

___Weekly ___Monthly ___Occasionally

How long and in what capacity have you known the student? _____

To the best of your knowledge, is the student saved? _____

Based on your observations and the developmental level of the child, how would you describe the spiritual maturity of this student _____

What are the child's strengths? _____

weaknesses? _____

To the best of your knowledge, are the parents supportive church members? _____

How would you describe the parent-child relationship? _____

What positive contribution would you anticipate this student making to the classroom and Jansen Christian Academy?

I recommend this student Yes _____ No _____ With this reservation _____

Signature _____ Church _____

Name (please print) _____ Phone _____

Position _____ Date _____

Please mail this form directly to the address below:

**Jansen Christian Academy
P.O. Box 101
Jansen, NE 68377**

Thank you for your help with this student's application process.