

KINDERGARTEN THROUGH TWELFTH GRADE



PASTOR/YOUTH PASTOR RECOMMENDATION FORM

Thank you for taking the time to complete this evaluation. Please answer the following questions carefully.
Please complete this confidential recommendation form and return it directly to Grace Christian Academy at the address below.
Your professional opinion is extremely helpful in evaluating this candidate.

Applicant Name _____ Applying for Grade _____
Last First Middle

What is your relationship to the applicant? _____

How long have you known the applicant? _____

Please check the boxes below which best indicate the degree to which the applicant demonstrates the corresponding traits.

	Excellent	Above Average	Average	Below Average	Not Observed
Interest in Spiritual Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do the parents demonstrate a strong interest in the spiritual or moral development of the applicant? Yes No

Please explain _____

Based on your knowledge of the student and family, do you consider them compatible with a Christian school environment?

Yes No

Additional comments _____

Name (please print) _____

Church _____

Title/Position _____

Phone _____

Signature _____

Date _____

May we contact you if we have any additional questions? Yes No

Thank you for your assistance in providing us with this information.

Please return this form to:
Grace Christian Academy
Admissions Office
5914 Beaver Ridge Road
Knoxville, Tennessee 37931
or fax to
865.531.2574