



New Hope Christian Schools

Education with Eternal Benefits

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PASTOR'S CONFIDENTIAL RECOMMENDATION FORM

NAME OF STUDENT: _____

PARENTS/GUARDIAN: _____

CHURCH HOME: _____

The above student is applying for entrance at New Hope Christian Schools. Please assist us by giving a personal recommendation of their character and spiritual maturity. Please return this form as soon as possible. The student's acceptance may await this reference form.

Is the above family an active part of your church? _____

Which church services/activities does the family attend? _____

Is the applicant active in Sunday School/youth group? _____

Do you consider the applicant open to spiritual instruction? _____

If you had a son or daughter the approximate age as the applicant, would you want your child to associate with the student? _____ Please explain _____

Name of youth pastor/worker _____ Phone _____

Approximate length of family's involvement at the church _____

What is your understanding of this family's relationship to God? _____

Are there any matters that you feel would be helpful for us to know that might influence the admission of this family? _____

Do you recommend this family for admission to New Hope Christian School?

_____ Yes _____ No

Pastor's Name _____

Date _____

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