

WEST MEADOWS BAPTIST ACADEMY  
11711 Normandy Boulevard, Jacksonville, FL 32221  
PASTOR RECOMMENDATION FORM  
2018-2019  
(The following will be kept strictly confidential)

Student's Name: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Church Name: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Senior Pastor's Name: \_\_\_\_\_

Pastor Completing Form (if different from above): \_\_\_\_\_

Is this family a member of your church?

Yes  No  Visits Frequently  Visits Occasionally  Never heard of this family

How would you describe this family's involvement in the church?

Extremely Active  Active  Inactive  Very Inactive

Based on your knowledge of this family, would you consider them stable?

Spiritually  Yes  No  Somewhat  Unsure

Emotionally  Yes  No  Somewhat  Unsure

Financially  Yes  No  Somewhat  Unsure

How would you evaluate the parent's/legal guardian's ability to control/discipline this young person?

Excellent  Good  Fair  Poor  Terrible

Does this family read the Bible and pray together at home frequently?

Definitely  Probably  Unsure  Not likely

Would you consider this family compatible with a Christian School?

Yes  No  Somewhat  Unsure

Do the parents/legal guardians show strong interest in the spiritual/moral development of this young person?  Yes  No

Do you have any concerns or reservations about this family that we should know as a Christian School ministry?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Check the boxes that best indicate the degree to which the young person demonstrates the corresponding traits (If evaluating more than one student, write their initials above the appropriate box:

	Excellent	Good	Fair	Poor	Not Known
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"/>
Respect	<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"/>
Obedience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To your knowledge, has this young person ever had problems with the following:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Drugs             | <input type="checkbox"/> Alcohol       | <input type="checkbox"/> Pornography            |
| <input type="checkbox"/> Smoking           | <input type="checkbox"/> Behavior      | <input type="checkbox"/> Internet Problems      |
| <input type="checkbox"/> Fighting          | <input type="checkbox"/> Anger Control | <input type="checkbox"/> Inappropriate Language |
| <input type="checkbox"/> Physical Violence | <input type="checkbox"/> Running Away  |   |
| <input type="checkbox"/> Immorality        | <input type="checkbox"/> Rock Music    |   |

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Pastor's Signature: \_\_\_\_\_