

WEST MEADOWS BAPTIST ACADEMY
11711 Normandy Boulevard, Jacksonville, FL 32221
PASTOR RECOMMENDATION FORM
2017-2018
(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: _____