

# Rockford Christian Schools

## Pastor/Youth Pastor Recommendation

**Student Profile:** *(To be completed by Pastor/Adult Friend)*

**Student's Name:** \_\_\_\_\_ **Applying to Grade:** \_\_\_\_\_

*(My son/daughter is applying for admission to Rockford Christian Schools. I would appreciate your completing this form and returning it directly to Rockford Christian Schools. I hereby authorize the release of this information to Rockford Christian Schools.)*

**Signature of Parent or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of Pastor/Friend:** \_\_\_\_\_ **Church and Denomination:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**What is your relationship to the applicant?**

Adult Friend of Family

Adult Friend

Pastor/Youth Pastor

Other

Family

I have known the applicant for \_\_\_\_\_ years.

**Student Rating** *(please check one):*

**Demonstration of Leadership:**

Excellent

Good

Average

Below Average

No Opinion

**Friendliness:**

Excellent

Good

Average

Below Average

No Opinion

**Handles Responsibility:**

Excellent

Good

Average

Below Average

No Opinion

**His/Her Influence on Others:**

Excellent

Good

Average

Below Average

No Opinion

**Emotional Stability:**

Excellent

Good

Average

Below Average

No Opinion

**Respectful to Parents and Adults:**

Excellent

Good

Average

Below Average

No Opinion

**Does the applicant have a Christian Testimony?**

**Is the applicant regularly involved in church, youth group or Sunday school?**

**If you were responsible for a Christian school would you admit this student?**

Yes

No

**If no, please explain.** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Your candid estimate of the applicant will be of invaluable assistance to the Admission Committee, and your comments will be held in the strictest confidence.)*

**Thank you. Please return this form directly to:**

Rockford Christian Schools  
Admissions  
1401 N. Bell School Rd.  
Rockford, IL 61107