



Pastor Recommendation

PLEASE FILL OUT AND RETURN

_____ is applying for admission to Grace Academy. Your honest evaluation of this student will only be used for the purpose of admission and placement. Please complete both sides of this form and return in the envelope provided.

Grace Academy is a college preparatory school founded in 1976. We admit and accommodate a range of students. If a student attends, we want to ensure a good experience for the student and family. Our mission is to provide an environment of academic excellence and Biblical teaching that will develop an educated citizen with a Biblical world and life view and a desire to represent our Lord Jesus Christ in all walks of life. We take our mission seriously. Your insight now helps us achieve the mission for each student and lays the foundation for a successful experience. **All information will be kept confidential.**

YOUR NAME _____ **YOUR POSITION** _____

How well do you know the applicant? _____

What is the student's greatest strength? _____

What is the student's greatest weakness? _____

Does the student profess to be born again, having accepted Christ as savior? _____

Do you observe evidence to support this profession? Please explain. _____

What factors in the student's home life would help or hinder his/her success at Grace Academy?

What is the student's attitude toward authority and rules? _____

Do you have any other information that would help us meet the needs of this student? _____

From what you know, would you recommend this student to Grace Academy? _____



Please check each category you can, comparing the student to other students you know of the same age.

	POOR							EXCELLENT		
	1	2	3	4	5	6	7	8	9	10
Concern for Others										
Conduct										
Creativity										
Discerning in Friendships										
Emotional Maturity										
Humility										
Initiative										
Integrity										
Interest in the Things of God										
Leadership Ability										
Positive Influence on Others										
Relationship with Adults										
Relationship with Peers										
Sense of Humor										
Service										

NOTE: If student is in only Pre-K or Kindergarten please base the above on the family. Thank-you.

COMMENTS:

Large empty box for comments.

PLEASE PRINT YOUR NAME _____ DATE _____

YOUR CHURCH/ORGANIZATION _____ POSITION _____

ADDRESS _____

PHONE _____ EMAIL _____

Would you like more information on our program? _____ If so, to where should we send it?

YOUR SIGNATURE _____

THANK YOU!