Pastor or Youth Worker Recommendation Form
(Grades 9-12)

DEAR PASTOR OR YOUTH WORKER:
IT IS OUR DESIRE THAT ONLY FAMILIES WHO ARE COMPATIBLE WITH OUR PHILOSOPHY OF EDUCATION AND WHOSE CHILDREN CAN GAIN A QUALITY EDUCATION AT CALVARY CHIRSTIAN SCHOOL BE ADMITTED. WE WOULD GREATLY APPRECIATE YOUR TAKING TIME TO COMPLETE THIS REFERENCE FORM AT YOUR EARLIEST CONVENIENCE FOR THE STUDENT LISTED BELOW. *YOUR IMMEDIATE RESPONSE WILL ALLOW THIS STUDENT TO HAVE AN ADMISSION INTERVIEW SCHEDULED.*

NAME OF CHILD APPLYING _____ **ENTERING GRADE** _____

PARENT'S NAME _____ **PHONE** _____

CONFIDENTIAL

1. **WHAT IS YOUR RELATIONSHIP TO THE STUDENT?** _____
2. **HOW LONG HAVE YOU KNOWN THE STUDENT?** _____

CHECK THE BOXES WHICH BEST INDICATE THE DEGREE TO WHICH THE CHILD DEMONSTRATES THE CORRESPONDING TRAITS:

TRAIT	UNABLE TO JUDGE	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	TOP 10%	ONE OF THE TOP FEW ENCOUNTERED IN MY CAREER
ENTHUSIASM						
COOPERATION						
FRIENDLINESS						
INITIATIVE						
LEADERSHIP						
PARTICIPATION						
SELF DISCIPLINE						
RESPONSIBILITY						
GENERAL ATTITUDE						

3. **TO WHAT EXTENT IS THE APPLICANT INVOLVED IN THE ACTIVITIES OF YOUR CHURCH? (PLEASE CHECK ONE)**
   ☐ MOST OF THE TIME ☐ SOME OF THE TIME ☐ HARDLY EVER
4. **DO THE PARENTS DEMONSTRATE A STRONG INTEREST IN THE SPIRITUAL AND MORAL DEVELOPMENT OF THE CHILD?** ☐ YES ☐ NO
5. **BASED ON THE KNOWLEDGE YOU HAVE OF THE CHILD AND FAMILY, WOULD YOU CONSIDER THEM COMPATIBLE WITH A CHRISTIAN SCHOOL ENVIRONMENT?** ☐ YES ☐ NO ***If no, please explain*** _____

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SIGNATURE ***CHURCH NAME/PHONE*** ***POSITION*** ***DATE***

AFTER COMPLETION, PLEASE MAIL TO CALVARY CHRISTIAN SCHOOL, 7556 OLD MOON ROAD, COLUMBUS, GA 31909, ATTN: ADMISSIONS DIRECTOR