

# CHURCH LEADER RECOMMENDATION

PASTOR, YOUTH PASTOR, CHILDREN'S PASTOR, OR CHURCH LEADER



Please complete Section 1 and then ask your pastor, children's or youth pastor, or another church leader to complete appropriate section: Section 2 (grades K-5) or Section 3 (grades 6-12).

## Section 1 (to be completed by the applicant's parent)

Applicant's Name: \_\_\_\_\_  
First Middle Last Suffix

### Wavier:

I, the undersigned, hereby voluntarily waive my right to inspect the content of this recommendation.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 2 (to be completed by the recommender – recommendation for applicants for grades K-5)

1. How long have you known the applicant's family? \_\_\_\_\_
2. How well do you know the applicant's family?  Very Well  Fairly Well  Casually  Slightly
3. Do the parents of the applicant profess to have a personal relationship with Jesus Christ?  Yes  No  Unsure
4. Do the parents of the applicant evidence a Christian testimony?  Yes  No  Unsure
5. Does the applicant profess to have a personal relationship with Jesus Christ? (Optional)  Yes  No  Unsure
6. Please comment on the applicant's home life: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Please describe the family's church attendance and ministry involvement: \_\_\_\_\_  
\_\_\_\_\_
8. Do you recommend this family to Williston Central Christian Academy?  
 Highly Recommend  Recommend  Recommend with Reservations  Do Not Recommend  
 I need to discuss this recommendation by phone  
Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 2 (to be completed by the recommender – recommendation for applicants for grades 6-12)

1. How long have you known the applicant? \_\_\_\_\_
2. How well do you know the applicant?  Very Well  Fairly Well  Casually  Slightly
3. Does the applicant profess to have a personal relationship with Jesus Christ?  Yes  No  Unsure
4. Does the applicant evidence a Christian testimony  Yes  No  Unsure
5. Do the parents of the applicant profess to have a personal relationship with Jesus Christ?  Yes  No  Unsure
6. Do the parents of the applicant evidence a Christian testimony?  Yes  No  Unsure

7. Please comment on the applicant's home life: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please indicate your observations in the following areas of the applicant's life:

	Outstanding	Good	Concern	Problem	Unsure	N/A
Attitude Toward Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ministry Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please comment on any area in question 7 that you marked "Concern" or "Problem."  
\_\_\_\_\_  
\_\_\_\_\_

10. Do you recommend this student to Williston Central Christian Academy?

- Highly Recommend     Recommend     Recommend with reservations     Do not recommend  
 **I would prefer to discuss this recommendation by phone**

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

## Contact Information (to be completed by the recommender)

Recommender Name: \_\_\_\_\_ Position: \_\_\_\_\_

Church Name: \_\_\_\_\_ Denomination: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit via (choose one):**

- Mail to**    *Williston Central Christian Academy*  
   *Attn: Admissions Office*  
   *225 SE 4<sup>th</sup> Street*  
   *Williston, FL 32696*
- Fax to 352.529.0901**
- Scan and e-mail** to [admin@willistoncca.org](mailto:admin@willistoncca.org)