

# Lincoln Christian School

## Pastoral Recommendation Form

This Pastoral Recommendation Form is to be filled out for every applicant by a member of the pastoral staff or the children's/youth pastor who knows the applicant well.

Applicant's Name: \_\_\_\_\_ Grade in 10/11: \_\_\_\_\_

**Parents:** Please print the applicant's name and grade to enter in 2010/2011 above, sign the waiver below, and provide a stamped envelope addressed to Lincoln Christian School, Enrollment & Service Center, P.O. Box 770, Tulsa, OK 74101-0770 for the member of the pastoral staff or children's/youth pastor completing this form.

I release all such references from liability for any damage that may result from furnishing such evaluations of my child to Lincoln Christian School, and I waive any right that I have to inspect the references provided on my child's behalf.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Church on the Move families, please mark the service(s) your child normally attends:

Saturday 6PM     Sunday 9AM     Sunday 11AM     Wednesday 7PM

**Pastor:** Each applicant seeking admission to Lincoln Christian School must submit recommendations. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully and return it directly to the Enrollment & Service Center of Lincoln Christian School within ten working days. This recommendation form can also be faxed to our Enrollment & Service Center at (918) 234-8152.

1. How long have you known the applicant? \_\_\_\_\_

2. Please check the terms which best describe the applicant's attitude toward the church and its activities:

<input type="checkbox"/> Optimistic	<input type="checkbox"/> Pessimistic	<input type="checkbox"/> Consistent
<input type="checkbox"/> Respectful	<input type="checkbox"/> Critical	<input type="checkbox"/> Inconsistent
<input type="checkbox"/> Enthusiastic	<input type="checkbox"/> Passive	<input type="checkbox"/> Other _____

3. Please comment on the stability and atmosphere of the applicant's home life:

\_\_\_\_\_  
\_\_\_\_\_

4. To the best of your knowledge:

**Yes    No**

<input type="checkbox"/>	<input type="checkbox"/>	Has the applicant accepted Jesus Christ as his or her personal Savior?
<input type="checkbox"/>	<input type="checkbox"/>	Has the applicant been baptized in water?
<input type="checkbox"/>	<input type="checkbox"/>	Has the applicant been filled with the Holy Spirit (according to Acts 2:4)?

5. Is the applicant's influence on his/her peers:     Positive     Neutral     Negative

6. How do you rate this applicant in the following areas?

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Social Adaptability						
Cooperativeness						
Integrity and Honesty						
Responsibility						
Physical Health						
Initiative						
Character						
Emotional Stability						
Personal Stability						
Personal Appearance						
Leadership						
Responds to Authority						
Handles Correction						

7. In your opinion, what are the applicant's strong points: \_\_\_\_\_  
 \_\_\_\_\_

8. In your opinion, what are the applicant's weak points: \_\_\_\_\_  
 \_\_\_\_\_

9. Further comments you have regarding the applicant that would help our evaluation:  
 \_\_\_\_\_  
 \_\_\_\_\_

10.  I recommend.     I recommend with reservation.     I do not recommend.

Please print the information requested below:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Church and Denomination: \_\_\_\_\_

Position: \_\_\_\_\_

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

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

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