

# Personal Recommendation for Applicant

(Grades 5-12)

Recommendation must be received for the application to be complete

Applicants First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

INSTRUCTIONS TO APPLICANT: After completing the spaces below give this form to your minister, children's, or youth pastor, along with a stamped envelope addressed to Registrar, Grace Christian School, 7760 W. Prue Road, San Antonio, TX 78249. Please sign the following waiver form: I the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-380 to inspect or challenge the content and comments expressed in this "Personal Recommendation for Applicant"

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

INSTRUCTIONS TO MINISTER OR PASTOR: Please complete this form as carefully and prayerfully, and mail it directly to the school as soon as possible. Since we expect straightforward comments, we will treat all information as strictly confidential. We appreciate your assistance.

## Applicant Information

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

2. Please comment on the applicant's spiritual, behavioral, and social life. \_\_\_\_\_

\_\_\_\_\_

3. Describe the applicant's home life: (Include information about the spiritual and moral leadership of the parents, relationships among members of the family, etc.) \_\_\_\_\_

\_\_\_\_\_

4. To the best of your knowledge has the applicant accepted Jesus Christ as his/her personal Savior? \_\_\_\_\_

5. Does the applicant respond well to authorities in the home, church, and school? \_\_\_\_\_

6. Are you aware of any physical weakness or emotional problems that would hinder the applicant in an intensive academic environment? \_\_\_\_\_

7. What are the applicant's special abilities? \_\_\_\_\_

\_\_\_\_\_

8. What do you believe is the applicant's primary purpose in attending our school? \_\_\_\_\_

\_\_\_\_\_

9. In what ways has the applicant been active in church? \_\_\_\_\_

\_\_\_\_\_

10. To the best of your knowledge, what is the applicant's attitude toward such practices as smoking and use of alcoholic beverages or drugs? \_\_\_\_\_

\_\_\_\_\_

11. Has the applicant's life given evidence of a genuine conversion and subsequent growth toward spiritual maturity?

(Please comment) \_\_\_\_\_

12. To the best of your knowledge has the applicant ever been suspended from school? \_\_\_\_\_

13. To the best of your knowledge has the applicant ever been in trouble with the law? \_\_\_\_\_

14. To the best of your knowledge does the applicant use profanity? \_\_\_\_\_

15. What do you feel will be the applicant's greatest challenge in adjusting to a 24 hour disciplined lifestyle that is God honoring? \_\_\_\_\_

16. In your opinion is the applicant able and willing to put forth the extra effort to be a model student? \_\_\_\_\_

**Please respond to the following checklist. Place a mark next to one item in each grouping.**

Motivation	Responsibility	Integrity	Acceptance by Others
<input type="checkbox"/> Highly motivated	<input type="checkbox"/> Conscientiously reliable	<input type="checkbox"/> Consistently trustworthy	<input type="checkbox"/> Highly respected by others
<input type="checkbox"/> Usually purposeful	<input type="checkbox"/> Usually dependable	<input type="checkbox"/> Usually honest	<input type="checkbox"/> Liked by others
<input type="checkbox"/> Aimless	<input type="checkbox"/> Irresponsible	<input type="checkbox"/> Frequently dishonest	<input type="checkbox"/> Avoided by others
<input type="checkbox"/> No opportunity to observe	<input type="checkbox"/> No opportunity to observe	<input type="checkbox"/> No opportunity to observe	<input type="checkbox"/> No opportunity to observe

### Final Recommendation

Would you recommend that Grace Christian School accept this applicant?

Yes    No    Questionable    Strongly So

Please add any additional comments: \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Church Name: \_\_\_\_\_

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

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please mail recommendation to: Grace Christian School  
Attn: School Registrar  
7760 W. Prue Road  
San Antonio, TX 78249  
(210) 265-8166