



Pastor Recommendation Form

(For new applicants ONLY)

Student's Name: _____ Grade: _____ Teacher: _____

Parent/Guardian's Name: _____

Dear Pastor:

The above-named student has applied to Naples Adventist Christian School. We would like to consider your evaluation of this family/student as a part of our admission process. Please complete this form and return it to **Naples Adventist Christian School** at the address below:

Please mail this form to:

**Naples Adventist Christian School
Attention: Admissions Office
2629 Horseshoe Drive South
Naples, FL 34104.6122**

If you have any questions or would like to speak to someone about this recommendation, please call our school at: **239-261-6227**.

Please note that this student's application will not be considered complete without this form.
Your prompt response is greatly appreciated.

Pastor's Name _____

Church Name _____

Church Phone _____

Pastor's Signature _____

Date _____

Describe this child to the best of your knowledge: (Please check as many that apply to this student:)

	✓	Activities Participates	✓
		in:	
Respectful	<input type="checkbox"/>	Pathfinder/Adventure	<input type="checkbox"/>
Helpful	<input type="checkbox"/>	Usher	<input type="checkbox"/>
Friendly	<input type="checkbox"/>	AYS	<input type="checkbox"/>
Christian influence	<input type="checkbox"/>	Children's Ministries	<input type="checkbox"/>
Attends church regularly	<input type="checkbox"/>	Other:	
Child not known	<input type="checkbox"/>		
Other:			



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Please provide any other information which you feel will be useful in our assessment of this student.

Please indicate your level of recommendation regarding this student's admission to our school:

- Enthusiastically Strongly Fairly strongly Fairly With reservation Do not recommend

Pastor's Signature _____

Date _____

Thank you for taking your time to complete this reference form. We appreciate your input!