## PASTOR RECOMMENDATION



The following student has applied for admission to Chapel Hill Academy. Please complete this form and return it to Admissions-Chapel Hill Academy, 952-949-3871				
NAME: Last:	First:		PRESENT GRADE:	
How long have you known this applicant?				
Do you personally know the student's family?				
Please rank the following with a check mark under the appropriate response:				
	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	
Respect for Peers				
Respect for Authority				
Motivation				
Servant/Leadership Qualities				
Verbal Abilities				
General Behavior				
Briefly describe the student's strengths and weaknesses you have observed.				
How would you describe their activity level in your church? Would you recommend this student to our school? Circle one: Yes No Why or Why not?				
SIGNATURE:			DATE:	
CHURCH NAME:				
POSITION:				
ADDRESS:				
PHONE:				
EMAIL ADDRESS:				