

PASTOR RECOMMENDATION

The following student has applied for admission to Chapel Hill Academy. Please complete this form and fax it to Admissions-Chapel Hill Academy, 952-949-3871 or scan and email it to admissions@chapel-hill.org

NAME: Last:	First:	PRES	ENT 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?			
Thew would you describe their detivity level in your charen.			
Would you recommend this student to our school? Circle one: Yes No			
Why or Why not?			
SIGNATURE:			DATE:
SIGIVATORE.			DATE.
CHURCH NAME:			
G. Torrest T. W. W. Z.			
POSITION:			
ADDRESS:			
PHONE:			
EMAIL ADDRESS:			