

Applicant:

Put your name on this recommendation and give to your pastor.

CITY CHRISTIAN SCHOOLS PASTOR RECOMMENDATION

**FOR OFFICE USE
ONLY**

Date received _____

Evaluation _____

The following student has made application to City Christian Schools. We would appreciate your careful analysis of the student's spiritual growth.

Student's Name _____

Please rate student by checking one in each category:

	Excellent	Good	Fair	Poor
Church attendance				
Active in youth group				
Prays and reads the Bible				
Christian leadership				
Initiative/Motivation				
Attitude/Citizenship				

Highly Recommended

Recommend with Reservation

Recommended

Do Not Recommend

Does the student have any academic/behavioral weaknesses of which you are aware?

Comments (Please feel free to add observations that will assist us in determining this student's potential for success in City Christian Schools.)

Pastor's Signature _____

Church _____

Check if you wish us to call:

Phone (_____) _____

PASTOR: PLEASE RETURN THIS FORM TO:

**Principal
City Christian Schools
9200 NE Fremont St.
Portland, OR 97220
FAX: (503) 257- 2221**