



2321 Dryden Road · El Cajon · CA · 92020
 (619) 303-8035 · Fax (619) 741-2648

PASTORAL RECOMMENDATION
 To be completed by a Pastor, Youth Leader
 or Sunday School teacher

School Year 2018-2019

Name of applicant _____ Grade applying for _____

This student is seeking admission to Foothills Christian High School. Please complete this form and return it to the FCHS office in the supplied envelope or by fax. This form is confidential and will be used only for purposes of admission. Thank you for helping us to make a true assessment of this student by placing a check in the appropriate box. Please comment freely on the space allowed at the end of this form.

Behavior					
	Outstanding	Good	Average	Below Average	Not observed
Overall behavior					
Attentiveness					
Interaction with peers					
Ability to work in a group					
Follows directions					
Respect for authority					
Positive influence					
Leadership skills					
Self-discipline					
Demonstrates spiritual maturity in decision making					
Exhibits compassion people					
Spirituality					

1. How long have you known the applicant? _____

2. How would you evaluate him/her in the following areas?

- Personal relationship with Christ?

- Church ministry and/or involvement?

3. Have you ever known the applicant to smoke, drink alcohol or use illegal substances? Yes _____ No _____
If so, please explain _____

4. Has the applicant ever been suspended, expelled or dropped out of school? Yes _____ No _____
If so, please explain _____

5. Has the applicant ever been detained by law enforcement? Yes _____ No _____
If so, please explain _____

6. Is this student likely to be influenced _____ or influence others _____?
Explain _____

7. To your knowledge, is the applicant's family financially responsible? Yes _____ No _____
If no, please explain _____

8. If you were responsible for a Christian school, would you admit this applicant? Yes _____ No _____

Any additional comments:

Are you related to the applicant? Yes _____ No _____ If yes, what is your relationship? _____

Name (please print) _____ Daytime phone _____

Signature _____ Date _____

Position (please indicate): Pastor _____ Youth Pastor _____ Sunday School teacher _____ Other _____

Church Name _____ Phone _____

Address: _____

DO NOT GIVE THIS FORM TO THE APPLICANT

Please mail or fax the completed form to:
Foothills Christian High School · 2321 Dryden Road · El Cajon · 92020
Ph. (619) 303-8035 · Fax (619) 741-2648 · www.foothillsschool.net