

Portland Christian School

8509 Westport Road • Louisville, Kentucky 40242 • (502) 429-3727 • Fax (502) 326-2682

Minister's Recommendation Form

Parents/Guardians should fill out this section completely. Request your minister to complete the form and mail or fax it to the school. The applicant should provide a stamped envelope addressed to: Portland Christian School-Admissions. This is confidential information and must be returned by the person completing this form.

Student name _____
Last First Middle Grade

Address _____
P.O. Box/Street City State Zip Phone

Dear Minister,

The above prospective student has applied for admission to Portland Christian School and has given you as a source of reference. Please provide us with the following information and any additional comments you may choose to make. **(If a student's parent is the minister of the church, please have an elder or a teacher fill out this form.)**

Is this applicant a member of the congregation to which you minister? Yes No

Are the parents (guardians) members? Yes No

How often does applicant and parents attend services?

	APPLICANT	PARENTS (Guardians)
Regularly	<input type="checkbox"/>	<input type="checkbox"/>
Morning Service Only	<input type="checkbox"/>	<input type="checkbox"/>
Evening Service	<input type="checkbox"/>	<input type="checkbox"/>
Sunday School	<input type="checkbox"/>	<input type="checkbox"/>
Youth Meetings	<input type="checkbox"/>	<input type="checkbox"/>

Does the applicant's speech and conduct consistently exhibit his/her Christian beliefs? Yes No

Comments: _____

Do the parents or guardians personal standards and values exhibit Christian principles of behavior? Yes No

Comments: _____

Mark the following, as you believe true:

	APPLICANT	PARENTS (Guardians)
Has personally accepted Christ as Savior	_____	_____
Shows interest and growth in the Lord and His service	_____	_____
Will be an asset to the school	_____	_____

Has the applicant participated in any of the following Christian services: Assisted in youth activities _____

Led singing _____ Made talks _____ Participated in visiting program _____

Volunteered for special duties _____ Other activities _____

Any additional comments you may have will be appreciated. _____

Signature _____	Date _____
Print Name _____	Position _____
Church Name _____	Phone _____
Church Address _____	
P.O. Box/Street	City State Zip
Email: _____	

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