



WHITTIER CHRISTIAN HIGH SCHOOL

STUDENT RECOMMENDATION

PASTOR

To be completed by Pastor, Youth Pastor, Staff Member or Sunday School Teacher at the church where the student attends and who knows the student best.

- INSTRUCTIONS (PARENTS):**
- Complete items **1** through **4**
 - Give this form to the pastor at your son or daughter's church
 - When completed, the pastor should mail it to the Admissions Office at WCHS in the envelope provided

1 STUDENT'S LEGAL NAME:	FIRST	LAST	2 GRADE APPLYING FOR: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

By signing this form, I and my son or daughter are waiving all rights to read this confidential form.

3 Signature of Parent or Guardian _____ **4** Date _____

The family of the student above has applied for admission for their son or daughter to Whittier Christian High School, and has named you as their pastor. The information you provide will be held in strict confidence. At no time will the applicant have access to this information. This is for use only by appropriate officials at the school. It will not become part of any permanent records. The Admissions Office of WCHS would appreciate your candid estimate of this family's involvement in your church. If you feel that you do not know the applicant well enough, please give this form to another staff member who may be better acquainted with the student. Please complete this form and mail it to WCHS as soon as possible for application processing. Thank you for your time and input.

Please return this form in the envelope provided to: WCHS Admissions Office, 501 N. Beach Blvd., La Habra, CA 90631

PLEASE PRINT

Pastor/Clergy Name		Position	
Name of Church		Street Address	
City	State	Zip Code	Phone Number ()

How long have you known the applicant? _____ How well do you know them? _____

How long has the student attended this church? _____ Years Other _____

Is the student a member of this church? Yes No

How often does the student attend church? Weekly Monthly Less than once a month

How is the student involved in your church? Very involved Moderate Little None In what capacity? _____

How are the parents involved in your church? Very involved Moderate Little None In what capacity? _____

Do you feel that the student has accepted Jesus Christ as their personal Savior? Yes No

Is the student attentive to Bible teaching? Yes No

Is there an apparent desire to grow spiritually? Yes No

How would you rate the student's probable influence at school? Very positive Good Acceptable Negative

Have you ever known the student to be involved with illegal drugs, alcohol, tobacco or sexual immorality? Yes No

If yes, please explain: _____

Does the applicant display an obedient and honoring attitude toward his/her parents? Yes No

If you have additional comments, please write them on the reverse side of this form. Thank you.

Overall recommendation for this student: Strongly recommend Recommend Recommend with reservations

Signature	Date
-----------	------