



*"They will soar on wings like eagles..."  
Isaiah 40:31*

# CHRISTIAN LIFE SCHOOL

10700-75<sup>th</sup> Street Kenosha, Wisconsin 53142  
(262) 694-3900 Fax (262) 694-3312  
www.kclsed.org

## Pastoral Recommendation

### Recommendation Form

The items below ask you for your sense of this student's spiritual, emotional and social growth, intellectual development, and relationships within the church community. Our ability to effectively evaluate this child is helped considerably by your timely and candid insights. All information that you provide will be kept confidential to the extent that the law allows and will not be retained as a part of the students' permanent record.

On behalf of Christian Life School, we thank you for your cooperation. Please complete this recommendation and return it to us at your earliest convenience.

Student Name \_\_\_\_\_ Grade entering \_\_\_\_\_

Your Name \_\_\_\_\_ Title \_\_\_\_\_

Church/Organization \_\_\_\_\_

Address \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Does this student attend your youth group or another program? \_\_\_\_\_

Do you personally know the family? \_\_\_\_\_

How long has the family been part of your church? \_\_\_\_\_

To what extent is the family engaged in the activities of your church? (check one)

Strong commitment to the church with strong and healthy relationships.

Regular attendance and few close relationships.

Little attendance and few relationships.

No attendance.

Please rate this student in the following areas:

*Providing Quality Education in a Christian Environment*

Area	Poor	Fair	Average	Good	Excellent	Unsure
Moral Integrity:						
Christian Commitment:						
Responsibility:						
Attendance:						
Academic Ability:						
Personal Appearance:						
Leadership:						
Social Maturity:						

What are this student's greatest strengths? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you see any potential weaknesses that could affect this student attending CLS? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What comments would you like to make in reference to this student?  
 (Note: All comments made are confidential, and will not be shared with the student.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Would you recommend that Christian Life School accept this student?

- Yes       No       Yes, with reservations

Would you like a representative from the CLS admissions staff to contact you about this student?

- Yes       No      Phone number(s) \_\_\_\_\_ Convenient time \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_