



Sheets Memorial Christian School Pastor's Recommendation

307 Holt Street, Lexington, NC 27292
Phone: 336-249-4224

AUTHORIZATION STATEMENT

I give pastor _____ of _____ church authorization to provide a recommendation for my student _____ in _____ grade to Sheets Memorial Christian School.

Parent/Guardian _____ Signature _____ Date _____

PASTOR INSTRUCTIONS

Thank you for taking the time to complete this recommendation for the above named student. Please answer all questions to the best of your knowledge. If need be, please use the back of the sheet to write any additional comments.

Is the above family a member of your church? Yes No

How long have you known the above student? Years _____ Months _____

To the best of your knowledge, how often does the student attend church? Every service weekly Occasionally Rarely

How involved in church is the student? very little 1 2 3 4 5 very much

How involved in church are the parents? very little 1 2 3 4 5 very much

How is the child's relationship with his/her parents? very good 1 2 3 4 5 not good

How is the child's relationship with his/her peers? very good 1 2 3 4 5 not good

How would you rate this student's Christian character? very good 1 2 3 4 5 not good

Realizing that the purpose of our school is not for correction socially or academically nor for segregation but for a "quality education from a Biblical perspective," do you, as this student's pastor, recommend them as a student to Sheets Memorial Christian School?

Yes, I do. No, I do not. If No, Please explain or call the School Administrator: _____

I certify that I have answered all questions on this application truthfully and fully.

Pastor's Signature: _____ Date: _____

Church: _____

Church Address: _____

Church Website: _____

Pastor, please return completed recommendation to:

Sheets Memorial Christian School, ATTN: Admissions, 307 Holt St., Lexington, NC 27292