

MINISTER RECOMMENDATION FORM

Castle Hills First Baptist School
2220 Northwest Military Hwy.
San Antonio, TX 78213
PHONE (210) 377-8485
FAX (210) 377-8473

*Dear Parent, please complete items 1 through 3 and give this form to your child's minister or Pastor at your child's current church.
Dear Minister/Pastor, please complete items 4 through 13 and fax back to 210-377-8473. Thank you.*

1. Name of Applicant: _____ Applying for Grade: _____

My son/daughter is applying for admission to Castle Hills First Baptist School. I would appreciate your completing this form and returning it directly to the Director of Admissions at Castle Hills First Baptist. I hereby authorize the release of my child's evaluation data to Castle Hills First Baptist School.

2. Date: _____ 3. Signature of parent or guardian: _____

4. Name of church: _____

5. The student has attended this church for _____ years. 6. The student attends church services _____ times a week.

Name of Minister filling out form: _____

Address of Church: _____

Phone number: (_____) _____

7. Length of time with student: _____. Please circle (acquainted) (well known) (real close)

8. Describe the student's relationship with the Lord Jesus Christ. _____

9. Does the candidate have any significant limitations (physical, social, emotional)? YES NO

10. Is the candidate's record with you a true index of character and ability, or have outside circumstances interfered with a true assessment? (For example: illness, difficult home situations, etc.) YES NO

If not true indexes please explain: _____

11. This student has a reputation for disciplinary problems: Often Seldom Never

12. This student has been removed from church related activities _____ times.

13. Other remarks: _____

As a minister of this student, can you recommend this student's enrollment in Castle Hills First Baptist School, knowing that the mission of the school is to teach students to strive for excellence in academics, character, and leadership through sound Biblical truths to fulfill God's potential in each of their lives.

YES NO (Circle one)

Please fill out the chart on the reverse side

STUDENT NAME: _____

Your candid estimates of the applicant will be of invaluable assistance to the Admissions Committee, and your comments will be held in strict confidence.

Please indicate your rating by numbers in the right-hand column. Use a question mark where you have insufficient evidence.

RATING	5	4	3	2	1	#
INTEGRITY	Exceptionally upright	Noticeably upright	Upright, no cause to question	Weak or questionable	Record of dishonesty	
LEADERSHIP & RESPONSIBILITY	Outstanding, top positions, contributes	Commendable, top or next top activities	Capable, minor positions	No signs of leadership or involvement	Record of irresponsibility	
RESPECT FOR AUTHORITY	Works VERY well with those in authority	Works well with those in authority	Mild resistance to authority	Periodic rebelliousness to authority	Rebellious to authority	
INITIATIVE, DRIVE	Outstanding, resourceful	Well above the average	Generally strong enough	Occasionally weak or lacking	Very weak	
PEER RELATIONSHIPS	Highly respected, well liked	Respected/liked	Accepted, but not sought out	Some difficulty in cultivating	Poor/unhealthy, unskilled interpersonally	
INTEREST IN CHURCH ACTIVITIES	Outstanding	Commendable, top or next to top activities	Active	Minor participation	No participation	
EMOTIONAL STABILITY	Extremely well-balanced	Well balanced	Usually no problems	Some problems	Many problems	
PARENTAL SUPPORT	Exceptional	Quite good	Average	Sometimes unsupportive	Often unsupportive, critical of church	
SUMMARY AS A PERSON	Outstanding	Above average	Average	Below average	Poor	

Outstanding talents/accomplishments or reservations not covered by the above categories:

Name of person filling out form: _____

SIGNATURE: _____

Please call with any information that you believe would be helpful in the decision to admit this student at Castle Hills First Baptist School