

# First Baptist Academy

## Pastoral Recommendation Form

This Pastoral Recommendation Form is to be filled out for every applicant by a member of the pastoral staff or the children's/youth pastor who knows the applicant well.

Applicant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parents:** Please print the applicant's name and grade to enter in above, sign the waiver below, and provide a stamped envelope addressed to First Baptist Academy, 2700 N. Palm Avenue, Cooper City, FL 33026 for the member of the pastoral staff or children's/youth pastor completing this form. Return this signed form upon completion with your application documents.

*I release all such references from liability for any damage that may result from furnishing such evaluations of my child to First Baptist Academy, and I waive any right that I have to inspect the references provided on my child's behalf.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Pastoral Recommendation Form

**Pastor:** Each new student applicant seeking admission to First Baptist Academy must submit recommendations. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully and return it directly to First Baptist Academy within ten working days.

1. How long have you known the applicant? \_\_\_\_\_

2. Please check the terms which best describe the applicant's attitude toward the church and its activities.

- |                                       |                                      |                                       |
|---------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Optimistic   | <input type="checkbox"/> Pessimistic | <input type="checkbox"/> Consistent   |
| <input type="checkbox"/> Respectful   | <input type="checkbox"/> Critical    | <input type="checkbox"/> Inconsistent |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Passive     | <input type="checkbox"/> Other _____  |

3. To the best of your knowledge:

Yes    No

       Has the applicant accepted Jesus Christ as his/her personal Savior?

       Has the applicant been baptized by immersion?

4. Is the applicant's influence on his/her peers:  Positive     Neutral     Negative

5. Further comments you have regarding the applicant that would help our evaluation:

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6.  I recommend     I recommend with reservation     I do not recommend.

If recommending with reservation or not recommending, please explain below:

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Please provide the information requested below:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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