

**NAMPA CHRISTIAN SCHOOLS
CHURCH RECOMMENDATION**

Recommendation for: _____ Grade: _____ Date: ___/___/20___
(Applicant's Name)

Your Name: _____
(Please print)

Name of Church: _____

Your Phone Number: (____) _____

Relationship to applicant:

Pastor Youth Leader

Children's' Pastor S.S. Teacher

Other (describe) _____

**Thank you for helping us with our "new student" screening process.
All information is kept confidential**

The church involvement of this child and/or family is:

Very active Somewhat active Not active

Comments: _____

This student's relationship to others of the same age is:

Blends well Gets along okay Does not blend well

Comments: _____

**If you completed the above for a student in Pre-Kindergarten
through grade 3, the below section is optional - thank you.**

This student's relationship to God seems to be:

Excellent Good Okay Unsure

Comments: _____

This student shows: Initiative Motivation Integrity

Influence and leadership Concern for others Responsibility

Comments: _____

Do you have additional comments such as: strengths, challenges, etc.?

(Please feel free to make any additional comments on the reverse side – thank you.)

Please **return** this form directly to:

Nampa Christian Schools
Attn. Registrar
11920 W. Flamingo Avenue
Nampa, ID. 83651