



NAMPA CHRISTIAN SCHOOLS

Pastor's Recommendation

Date _____

Recommendation for (Applicant's Name) _____ Grade _____

Your Name _____

Name of Church _____ Your Phone (_____) _____

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.

This student's relationship to God seems to be Excellent Good Okay Unsure

Comments _____

This student shows Initiative Motivation Integrity Influence & 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.

Please return this form directly to: Nampa Christian Schools
Attn: Registrar
11920 W. Flamingo Avenue
Nampa, Idaho 83651