

Minister's Recommendation Form

To be completed by Parents/Guardians:

Student Name: _____ Grade: _____

Address: _____

Phone: _____

To be completed by Minister:

The above student has requested to enroll at Beth Haven Christian School and has given you as a source of reference. Please provide us with the following information and any additional comments you may choose to make. (If a student's parent is the minister of the church, please have an elder or a teacher fill out this form.)

Is the student a member of the church to which you minister? Yes No (please circle)

Are the parents/guardians members? Yes No (please circle)

How often does the student attend services?

Regularly (3-4 times per month) Occasionally (1-2 times per month) Rarely (5-6 per year)

Does the applicant's speech and conduct consistently exhibit his/her Christian beliefs? Yes No
(please circle)

Comments _____

Do the parents/ guardians personal standards and values exhibit Christian principles of behavior? Yes No

Comments _____

Do you feel the family will be an asset to the school? Yes No (please circle)

Please explain _____

We would appreciate any additional comments. _____

Signature _____ Date _____

Print Name _____ Position _____

Church Name _____ Phone _____

Email address: _____

This is confidential information and must be returned by the person completing this form.

Please return via mail to Admissions: Beth Haven Christian School, 5515 Johnstontown Road, Louisville ,KY 40272, fax to 502-937-3364 or email to jbaker@bethhaven.com