

Seattle Christian Schools
Church Leader Recommendation
(Grades 7-12)

**Parents: Please have your pastor, youth leader, or Sunday school teacher
in your church who knows your child fill out this form.**

Name of Student _____ Grade applying for _____

The above named student desires to be a student at Seattle Christian Schools. Please complete and return this form in a sealed envelope at the earliest possible date. The information you provide will be kept confidential. THANK YOU for your assistance. Please return to:

**Seattle Christian Schools
18301 Military Road S.
SeaTac, WA 98188
Fax: 206-246-9066
Attention: Admissions**

Spiritual and Personal Information

1. How long have you known the applicant? _____
2. In what capacity have you known the applicant? _____
3. Has the applicant made a personal commitment to Jesus? Yes ___ No ___ Don't know ___
Comments _____
4. Has there been evidence of Christian growth? Yes ___ No ___ Don't know ___
Comments _____
5. Has the applicant, to your knowledge, ever been suspended or expelled from school or been in trouble with civil authorities? Yes ___ No ___ Don't know ___
6. List principle character and personality strengths.

7. Are you aware of character or personality weaknesses?

	Almost always	Often	Occasionally	Not Known
Is interested in spiritual things				
Shows an attitude of Christian love				
Completes work on time				
Is honest				
Shows respect for others				
Accepts criticism				
Shows self-control				
Is neat/organized				
Has good work habits				
Follows directions				
Is courteous				
Is obedient to authority				
Is self-disciplined				
Is punctual				
Demonstrates social skills				

Additional comments that you feel are important in the consideration of this applicant.

Please Print Name _____ Date _____

Signature _____ Occupation or Position _____

Address _____ City _____ Zip _____

Phone _____ E-mail _____

May we contact you if we need additional information? Yes _____ No _____