

**Seattle Christian Schools**  
**Pastor or Sunday School Teacher Recommendation**  
**(Kindergarten)**

**Parents: Please have your Pastor or Sunday school teacher in your church fill out this form.**

Name of Student \_\_\_\_\_ Grade applying for \_\_\_\_\_

The above named student is making application to Seattle Christian Schools. We would appreciate your answering the following questions from your knowledge and relationship with this person and his/her family. THANK YOU for your assistance. Please return to:

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

1. How long have you known this family? \_\_\_\_\_
2. Under what circumstances have you known them? \_\_\_\_\_
3. How would you evaluate the following in regard to the parents?
  - a. Their personal relationship with Jesus Christ? \_\_\_\_\_
  - b. Their interest in having their child(ren) know and walk with the Lord? \_\_\_\_\_  
\_\_\_\_\_
  - c. Do they command respect and obedience from their child(ren)? Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - d. Their church relationship and attendance? \_\_\_\_\_
  - e. In what areas of church activities does he/she regularly participate? \_\_\_\_\_  
\_\_\_\_\_
4. What positive contribution would this applicant and his/her family make to SCS? \_\_\_\_\_  
\_\_\_\_\_
5. In what areas do you feel we could possibly be most helpful to him/her? \_\_\_\_\_  
\_\_\_\_\_

Please Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Position \_\_\_\_\_

Church \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

May we contact you if we need additional information? Yes \_\_\_\_\_ No \_\_\_\_\_