

2201 Ruth Jackson Road · Bogart · GA · 30622 678.726.2300 · Fax 678.726.2301 · www.princeave.org

## Student's Church Recommendation Entering Pre-K-12th CONFIDENTIAL Please fax or mail

The following student has expressed an interest in attending Prince Avenue Christian School. To accurately evaluate the student, we request that the pastor, area pastor, or Sunday School teacher who knows the applicant, complete the following evaluation. Please furnish honest, frank, and specific opinions of the applicant whose name appears below. The evaluation is a part of the registration process and must be completed and returned in order for the application process to continue. After completing the form, you may e-mail the form to vcarter@princeave.org, or mail or fax to the PACS Admissions Director using the address or fax information above.

## This information will be held in strict confidence and will not be released to parents or student.

Na	ame of Student: Birth date:	-				
Paı	arents' Names:					
Ad	ddress:					
Grade Applying for:						
Paı	arent(s) signature					
1.	How long have you known this student?					
2.						
3.	To your knowledge, does this student attend church:					
	Regularly Seldom					
	Semi-regularly Very seldom					
4.	This student is involved or attends:					
	Sunday School Children's Ministry					
	Youth Ministry Choir					
	Worship Service Other					
	Awana					
5.	Is this student a member of your church?					
	Yes If so, how long?					
	No					
6.	To your knowledge, are the student's parents church leaders?					
	YesSomewhatNo					

7.	My contact with this student has been: _	Pleasant and positive	Negative	None
8.	My contact with the parents has been: _	Pleasant and positive	Negative	
	_	Other (please describe)		
9.	To your knowledge has this student ever u	ised alcohol, illegal narcotics, to	bacco, or misused any substance	?
	Yes N	No		
10.	To your knowledge have there been any d	iscipline problems with this stud	lent at home/school/church?	
	Yes N	No Some		
If y	res, please explain:			
Co	admission to Prince Avenue Christian Sch			
	Name of Church		Official Position	
	Name of Church		Official Position	
	Name (Please Print)		Signature	
			-	
		D.C.		
		Date		