

BETHEL BAPTIST SCHOOL

a ministry of Bethel Baptist Church • Dan Davidson, Pastor
901 S. EUCLID ST. • SANTA ANA, CA 92704
(714) 839-3600 • (714) 839-4953 (FAX)

Letter of Recommendation: Last School Attended

Please use black ink when completing this questionnaire.
The person who completes this form cannot be a member of the student's family.

Name of Student

Last School Attended

Grade(s)

Name of Official who completed this letter

Position

Telephone Number

How long have you personally known this student? _____

Signature

____/____/____
Date

Fill in circles [●] for all that apply.

Reason for leaving school:

- Promoted
- Suspended
- Expelled
- Unknown

cheat?

Has this student ever been suspended from school? Yes No

Would you allow your child to associate with this student? Yes No

Have you known this student to be:

- | | Yes | Sometimes | No |
|----------------|-----------------------|-----------------------|-----------------------|
| trustworthy? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| honest? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| a hard worker? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| in trouble? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Reasons you would recommend this student:

Does this student:

- | | Yes | Sometimes | No |
|--------------------------------|-----------------------|-----------------------|-----------------------|
| complete assignments on time? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| respond well when disciplined? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| make friends easily? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| swear? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| lie? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Reasons you would not recommend this student:

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Letter of Recommendation: Pastor, Youth Pastor, Person of Authority

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Name of Student

Name of Church/Organization

Name of Official who completed this letter

Position

Telephone Number

How long have you personally known this student? _____

Signature

_____/_____/_____
Date

Fill in circles [●] for all that apply.

Have you known this student to be:

	Yes	Sometimes	No
trustworthy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
honest?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a hard worker?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
faithful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
obedient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
respectful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Reasons you would recommend this student:

Reasons you would not recommend this student:

Does this student:

	Yes	Sometimes	No
make friends easily?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
swear?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
lie?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For Pastor/Youth Pastor:

Would you allow your child to associate with this student? Yes No

Has this student accepted Jesus Christ as his/her personal Saviour? Yes No

Does this student desire to have a consistent testimony for the Lord? Yes No

Rev. 01.08