

## Bethany Christian School

2601 John R Road  
Troy, Michigan 48083  
(248) 689-4821  
(248) 689-3441 fax

# APPLICANT RECOMMENDATION FORM

- Please complete the first section of this form.
  - Give this form directly to an adult who knows you well.
    - Please include your pastor.
    - Please do not give to relatives or close friends.
    - If the father is the pastor, have a Sunday school teacher, youth pastor or deacon complete this form.
  - Your application will not be processed until this form is received.
  - This information will be held in strict confidence.
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### I. TO BE COMPLETED BY THE APPLICANT:

I am authorizing the release of the following information for my application to Bethany Christian School. I understand that the information will be held in confidence by the school and will not be released to myself or anyone else. I understand that this questionnaire will be mailed to Bethany Christian School by the person completing the information below.

\_\_\_\_\_  
Signature of Student or Parent

\_\_\_\_\_  
Student's Name (please print)

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### II. TO BE COMPLETED BY THE PERSON RECOMMENDING THE APPLICANT:

We ask your help as we seek to make intelligent decisions regarding the selection of students. It is also helpful to learn about their needs before they enroll. This information will be strictly confidential and will not be made available to the applicant. Please answer all questions completely and honestly.

*Is this applicant/family trustworthy? If not, please explain.*

*Does this applicant/family give clear evidence that they know Jesus Christ as personal Lord and Savior? Please explain.*

*Do you know any reason why this applicant/family should not be enrolled at Bethany Christian School? If yes, please state why.*

*List any outstanding character qualities/weaknesses.*

*Would you want your child to be closely associated with the applicant/family? If not, why not?*

*How long have you known the applicant/family?*

*What relationship do you have with the applicant/family?*

*Any additional information that you can provide would be appreciated.*

***THIS PERSON'S APPLICATION CANNOT BE PROCESSED FURTHER UNTIL THIS FORM IS RECEIVED.***

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date

***Mail directly to the Administration, Bethany Christian School, 2601 John R, Troy, Michigan 48083.***