

PASTOR'S RECOMMENDATION FORM

If the pastor is a relative, please use an assistant pastor, youth pastor,
or some other Christian leader for this reference.

Mail to:
School Office
Parkview Baptist Academy
70 Golfview Dr.
Northlake IL 60164

Please type or print in ink. Please fill out completely.

Part I: To be completed by the applicant.

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip Code

Telephone Number: (____) _____ - _____

Birth Date: ____/____/____ Social Security Number: _____ - _____ - _____

Signed: _____ Date: _____

Part II: To be completed by the pastor or other Christian leader - see above

The person named above has applied for admission to Parkview Baptist Academy. We value your comments highly and ask that you give a complete and candid report so that fair consideration may be given to the applicant. Upon completion of this form, please return it to the School Office at the address noted above. **DO NOT give this form to the applicant.** For assistance with this form, please call (708) 562-2351.

Confidential

How long have you known the applicant?

Please describe your relationship with the applicant.

Please give your general impression of the applicant.

