



CHURCH RECOMMENDATION FORM

Mail To:

Harvest Preparatory School – Admissions
P.O. Box 400, Columbus, OH 43110-0400
Phone: (614)382.1111 **Fax:** (614)837.9591

Parent/Guardian: Please complete this section and forward the form to someone in pastoral leadership. The completed form is to be faxed or mailed directly to:

Harvest Preparatory School- Admissions

Student's Name: _____ Grade Applying for: _____
Parent/Guardian Name (print): _____
Parent/Guardian Signature: _____ City School District: _____
Family Address (street, city, state, zip): _____

Administrator: The family above has applied for admission to Harvest Preparatory School. To assist with the selection process, families are asked to secure a reference from a pastoral leader in their church. Please complete this form and return it, at your earliest convenience, to:

Harvest Preparatory School – Admissions. Thank you.

- Are the parents/guardians members of your church? yes / no if so, for how long? _____

- On a scale of 1-10, how well do you know the family? (10 being the highest) _____

- How is the student or family involved in your church's ministry? _____

- How do the parents/guardians support their child's spiritual development? _____

- Does the family tithe to the church? yes / no

- Please comment briefly about the student's relationship to his/her family. _____

- Please describe the maturity of the student's spiritual life. _____

- To your knowledge, has the student ever had a serious disciplinary or behavioral infraction?

yes / no If yes, please explain. _____

Is there any additional information that you feel would be helpful for us to know regarding this family?

Would you recommend this applicant for admission to Harvest Preparatory School?

Strongly Recommend Recommend Recommend with Reservation Do Not Recommend

Church Leader's Name: _____ Position: _____

Church Name & Address: _____

Signature: _____ Date: ____/____/____