

# BETHEL BAPTIST CHRISTIAN SCHOOL

## Letter of Recommendation – Last School Attended

Please print clearly using black or blue ink.

The person who completes this form cannot be a member of the student's family.

Please email directly to [contact@bethelcarson.com](mailto:contact@bethelcarson.com)

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Last School Attended

\_\_\_\_\_  
Grade(s)

\_\_\_\_\_  
Name of Official who completed this letter

\_\_\_\_\_  
Position

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

How long have you personally known this student? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

### Place an X for all that apply.

Reason for leaving school:

Promoted \_\_\_\_\_  
Suspended \_\_\_\_\_  
Expelled \_\_\_\_\_  
Unknown \_\_\_\_\_

Reasons you would recommend this student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you known this student to be:

|                | Yes  | Sometimes | No   |
|----------------|------|-----------|------|
| Trustworthy?   | ____ | ____      | ____ |
| Honest?        | ____ | ____      | ____ |
| A Hard Worker? | ____ | ____      | ____ |
| In Trouble?    | ____ | ____      | ____ |

Reasons you would NOT recommend this student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this student:

|                                | Yes  | Sometimes | No   |
|--------------------------------|------|-----------|------|
| Complete assignments on time?  | ____ | ____      | ____ |
| Respond Well when disciplined? | ____ | ____      | ____ |
| Make friends easily?           | ____ | ____      | ____ |
| Use foul language?             | ____ | ____      | ____ |
| Lie?                           | ____ | ____      | ____ |
| Cheat?                         | ____ | ____      | ____ |

Has this student ever been suspended from school?

Yes \_\_\_\_\_ No \_\_\_\_\_

Would you allow your child to associate with this student?

Yes \_\_\_\_\_ No \_\_\_\_\_

# BETHEL BAPTIST CHRISTIAN SCHOOL

## Letter of Recommendation – Pastor, Youth Pastor, or Person of Authority

Please print clearly using black or blue ink.

The person who completes this form cannot be a member of the student's family.

Please email directly to [i20@bethelbaptistchristianschool.com](mailto:i20@bethelbaptistchristianschool.com)

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of Church/Organization

\_\_\_\_\_  
Name of Official who completed this letter

\_\_\_\_\_  
Position

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

How long have you personally known this student? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

### Place an X for all that apply.

Have you known this student to be:

|                | Yes | Sometimes | No  |
|----------------|-----|-----------|-----|
| Trustworthy?   | ___ | ___       | ___ |
| Honest?        | ___ | ___       | ___ |
| A Hard Worker? | ___ | ___       | ___ |
| Faithful?      | ___ | ___       | ___ |
| Obedient?      | ___ | ___       | ___ |
| Respectful?    | ___ | ___       | ___ |

Reasons you would recommend this student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons you would NOT recommend this student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this student:

|                      | Yes | Sometimes | No  |
|----------------------|-----|-----------|-----|
| Make friends easily? | ___ | ___       | ___ |
| Use foul language?   | ___ | ___       | ___ |
| Lie?                 | ___ | ___       | ___ |

### For Pastor/Youth Pastor:

Has this student accepted Jesus Christ as his/her personal Savior?      **Yes** \_\_\_      **No** \_\_\_

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