BETHEL BAPTIST SCHOOL

a ministry of Bethel Baptist Church 901 S. EUCLID ST. + SANTA ANA, CA 92704 (714) 839-3600 + (714) 839-4953 (FAX) + 120@BETHELWARRIORS.ORG

Student Recommendation Form

Please use blue or black ink when completing this questionnaire. The person who completes this form cannot be a member of the

Please mark one:				
O Teacher				
O School Official				
O Coach				
O Pastor/Youth Pastor				
O Other				

student's family or an agent	i.			O Other
Name of Student				
Name of School, Organization, or Church				Student's Current Grade
Name of Official who completed this letter				Position
Email Address (required)				Telephone Number
How long have you perso	onally kno	wn this s	tudent?	
How strongly do you recommend this student?				_ Enthusiastically Somewhat With Reservation
Signature				
Fill in circles [●] for a	ll that ap	oply.		
Have you known this student to be: Yes Sometimes No				Reasons you would recommend this student:
Truetworthy?	Yes So	metimes	_	<u> </u>
Trustworthy? Honest?	0	0	0	
A hard worker?	0	0	0	
In trouble?	0	0	0	
Obedient?	0	0	0	
Respectful?	0	0	0	Reasons you would not recommend this
Responsible?	0	0	0	student:
Does this student:				
	Yes So	metimes	No	
Complete assignmen	ts/			
tasks on time? Respond well when	0	0	0	School Staff only:
disciplined?	0	0	0	Reason for leaving school:
Make friends easily?	0	0	0	Promoted O Suspended O
Use foul language?	0	0	0	Expelled O Unknown O
Lie?	0	0	0	Experied C Crititiowii C
Cheat?	0	0	0	Pastor/Youth Pastor only:
Olicat:	O	O	O	·
Would you allow your child to associate				Has this student accepted Jesus Christ
with this student?	Yes O	No O		as his/her personal Savior? Yes O No O
				Does this student desire to have a consistent
Has this student ever been suspended				testimony for the Lord? Yes ○ No ○
from school?	Yes O	No O		

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