

PASTOR RECOMMENDATION FORM

Mount Carmel High School

PO Box 2
Vancleve, KY 41385
Fax 606-666-4612

APPLICANT'S NAME _____

The person listed above has applied for enrollment at Mount Carmel High School. You have been selected by this applicant to complete this recommendation form. Your candid response on this form will help Mount Carmel High School know better how to meet this applicant's academic, emotional and spiritual needs. This form will be held in strict confidence by Mount Carmel personnel. This form should be completed by a non-family member.

PLEASE SEND THIS FORM DIRECTLY TO MOUNT CARMEL HIGH SCHOOL. PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT.

YOUR NAME (please print) _____

ADDRESS _____

Phone Number _____

1. Please circle the appropriate number to describe the applicant (NO= Not Observed):

	Below Average			Average				Above Average			
Integrity	1	2	3	4	5	6	7	8	9	10	NO
Personal Appearance	1	2	3	4	5	6	7	8	9	10	NO
Work Habits	1	2	3	4	5	6	7	8	9	10	NO
Emotional Stability	1	2	3	4	5	6	7	8	9	10	NO
Moral Stability	1	2	3	4	5	6	7	8	9	10	NO
Sociability	1	2	3	4	5	6	7	8	9	10	NO
Mental Stability	1	2	3	4	5	6	7	8	9	10	NO
Accepts Correction	1	2	3	4	5	6	7	8	9	10	NO
Honesty	1	2	3	4	5	6	7	8	9	10	NO
General Personality	1	2	3	4	5	6	7	8	9	10	NO
Spiritual Life	1	2	3	4	5	6	7	8	9	10	NO
Church Participation	1	2	3	4	5	6	7	8	9	10	NO

(Please continue to second page.)

Please check one of the following:

I recommend this student for admission.

I do not recommend this student for admission.

I recommend this student with reservations.

Please feel free to make additional comments which you feel will be helpful in evaluating this candidate for admission to our school.

Comments: _____

Signed: _____

Date: _____