

COASTAL CHRISTIAN SCHOOL

1220 Farroll Ave., Arroyo Grande, CA 93420 – (805) 489-1213

RECOMMENDATION for STUDENT ADMISSION TO COASTAL CHRISTIAN SCHOOL

Instructions to the Applicant:

Step 1. Please neatly print the following information on this form.

Step 2. Give this form to the person you are requesting a recommendation from. Supply a stamped envelope with the school's address.

Elementary Students: One recommendation from a pastor (senior, associate, youth pastor, or youth director)
 Secondary Students: One recommendation each from (1) a Pastor (senior, associate, youth pastor, or youth director), and (2) current School Personnel (teacher, counselor, principal)

Student Name:	Grade You Will Be Entering:
Parent Name:	Today's Date:

Instructions to the person providing this recommendation information:

The student above has applied for admission to **COASTAL CHRISTIAN SCHOOL**. This school is an institution with the objective of providing an education that is centered on Jesus Christ. The school aims to provide educational instruction at the college preparatory level and to support the home and the work of the churches in producing students who are dedicated to God and who are prepared to be used by Him in all areas of life. To be admitted to the school, at least one parent and all secondary students (grade 7 and above) must know Christ personally. Students and parents are expected to worship Him regularly in the church of their choice.

Please complete this recommendation and return to Registrar at Coastal Christian School, 1220 Farroll Ave., Arroyo Grande, CA 93420.

1.	Relationship to Student:	_____ Pastor (senior, associate, youth pastor, or youth director) _____ School Personnel: __Teacher __Counselor __Principal __Other:					
2.	Your Full Name and Title:						
3.	Company, School or Church						
4.	How long have you known the student/family?	_____ 1 year or less _____ 1-2 years _____ More than 2 years					
5.	GENERAL QUESTIONS (For All References)						
5.1	Has the applicant had any serious emotional problems?	___ NO ___ YES If yes, please explain:					
5.2	To your knowledge, has the applicant ever been in trouble with the law?	___ NO ___ YES If yes, please explain:					
5.3	To your knowledge, does/did the applicant smoke, use alcoholic beverage, use illegal drugs?	___ NO ___ YES If yes, please explain:					
5.4	Please describe the student's strengths:						
5.5	Please describe one area where the student needs to grow:						
5.6	Circle the description that best describes the students:						
	Responsibility:	Irresponsible	Shows some dependability	Average for age	Dependable	Excellent	Do not know
	Study Habits:	Unsatisfactory	Noticeably Weak	Average	Good	Excellent	Do not know
	Acceptance by Others:	Avoided by others	Tolerated	Liked	Well liked	Excellent	Do not know
	Spiritual Life:	No interest in spiritual growth	Small evidence of spiritual growth	Average	Show growth & separated living	Deeply spiritual	Do not know

Please continue on the back.

6. ACADEMIC QUESTIONS (For School Personnel)		
6.1	Please describe the general level of academic skills for the student that would indicate that he/she will be successful at grade level or in a college preparatory program.	
6.2	Will the student need special accommodations? If yes, does the student have an active IEP??	<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please explain: <input type="checkbox"/> NO <input type="checkbox"/> YES
6.3	Has the student had significant disciplinary issues?	<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please explain:
7. PASTORAL QUESTIONS (For Pastors)		
7.1	Is the family mentioned above a member of your church?	<input type="checkbox"/> Member <input type="checkbox"/> Regular Attender <input type="checkbox"/> New Attender <input type="checkbox"/> Other:
7.2	What is the frequency of the parents' church attendance?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Sporadically
7.3	What is the frequency of the student's church attendance?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Sporadically
7.4	What is the frequency of the student's youth activity/Bible study attendance?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Sporadically <input type="checkbox"/> Not At All
7.5	Has the student participated in any leadership roles in church or youth groups or missions?	<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please give some details:
7.6	Please give a brief summary of your evaluation of this student and his/her family's personal walk with Christ.	

Thank you for your time and help in placing this student in an appropriate program that will help him/her grow academically, socially and spiritually.

Please return this completed recommendation to:

Coastal Christian School
Attention: Registrar
1220 Farroll Ave.
Arroyo Grande, CA 93420.