



# PASTOR RECOMMENDATION

## STUDENT INFORMATION

*First Name* *Middle Name* *Last Name*

*Parent's Names*

## PASTOR INFORMATION

*Pastor's Name* *Position*

*Name of Church*

*Phone* *Email*

What is your perception of this family?

...commitment to Christ	very evident	somewhat evident	not evident	unsure
...church attendance	weekly	monthly	occasionally	unsure
...church standing	members	committed attendees	irregular attendees	unsure
...level of involvement	very involved	somewhat involved	not involved	unsure
...length of attendance	6 + years	1-5 years	less than 12 months	unsure

*In what capacity do you know the family?*

*In what type of church activities has this family been involved?*

## PASTOR RECOMMENDATION CONTINUED

*Is the applicant active in church related activities?*

*Please comment on your knowledge of the applicant's level of spiritual maturity:*

I recommend this student: Enthusiastically   With Reservation   /   Not Recommended

Pastor Signature \_\_\_\_\_ Date \_\_\_\_\_

## RETURN INFORMATION

Please return completed form to:  
Mile High Adventist Academy  
Admissions Office  
1733 Dad Clark Drive  
Highlands Ranch CO 80126

or email [admissions@milehighacademy.org](mailto:admissions@milehighacademy.org)