

**Northfield Baptist Christian School**  
311 West Aurora Road  
Northfield, Ohio 44067-2157  
330-467-8918

**Pastoral Recommendation**

**To the Applicant:**

After you complete the top portion of this form, please forward the recommendation to your pastor along with a stamped addressed envelope to: Northfield Baptist Christian School

Mr./Mrs. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Full Name of student (s): \_\_\_\_\_ Applying for the Grade (s) of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To the Pastor,**

Thank you for giving consideration to the following questions regarding this/these applicant (s). Northfield Baptist Christian School is a school committed to excellence in education while providing a Christ-centered environment. Your prompt return of this form would be appreciated.

1. Do you personally know the family?  Yes  No
2. Has the family been in regular attendance for more than one year?  Yes  No
3. Which members of the family have accepted Jesus Christ as Lord and are living a scriptural lifestyle?

Father:  Yes  No                      Mother:  Yes  No

Children: Name \_\_\_\_\_  Yes  No  
Name \_\_\_\_\_  Yes  No  
Name \_\_\_\_\_  Yes  No  
Name \_\_\_\_\_  Yes  No

4. Has all their attendance been faithful and what services does the family attend? \_\_\_\_\_  
\_\_\_\_\_

5. Please relate the Biblical plan of salvation: \_\_\_\_\_  
\_\_\_\_\_

6. Are members of the family active in the work of the church? If "yes," please explain:  
\_\_\_\_\_  
\_\_\_\_\_

7. Based on your personal knowledge of the applicant and his/her family, would you recommend them to us?  Yes  No

Reason \_\_\_\_\_  
\_\_\_\_\_

Pastor's Name \_\_\_\_\_

Pastor's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Church Name & Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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