

Name of Applicant \_\_\_\_\_ Current Grade \_\_\_\_\_  
Church Attending \_\_\_\_\_  
Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Church Phone \_\_\_\_\_ Denomination \_\_\_\_\_

**RECOMMENDATION**

*The student named above is an applicant for admission to First Assembly Christian School. In order to give the candidate a full review, we ask that you provide us with the following information. Please return this form directly to First Assembly Christian School by email, fax or mail (contact information at bottom). Thank you in advance for your cooperation.*

Name of Recommender \_\_\_\_\_ Title \_\_\_\_\_

1. In what capacity have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. For how long? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Is the applicant actively involved in church? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Is the applicant's entire family actively involved in church? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. How would you describe the applicant's Christian character, and his/her interest and involvement in your church's programs?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Overall, how do you recommend this applicant for admission?**

Highly                       Without Hesitation                       With Hesitation                       Do Not Recommend

*Please provide additional comments on the back with reference to the academic potential, social awareness, and Christian character of the applicant.*

Signed \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE RETURN TO:** First Assembly Christian School  
8650 Walnut Grove Rd  
Cordova, TN 38018  
(901) 458-5543 Office  
(901) 324-3558 Fax\*  
ellen@facsmemphis.org\*  
\* preferred methods

**COMMENTS**



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