

CHURCH LIFE RECOMMENDATION
2008–2009 School Year

Desert Christian Middle School
7525 E. Speedway Blvd.
Tucson, Arizona 85710
(520) 795-7161 Fax: (520) 795-3386

DATE: _____

*Applicants of all races, color, and national or ethnic origin are welcome to apply
and are considered for admission without discrimination.*

APPLICANT: _____

GRADE APPLYING FOR: 6 7 8

PARENT(S)/GUARDIAN(S): _____

Where do you attend church? _____

Are you members of this church? YES NO Number of years attending: _____

Pastor with whom you are best acquainted: _____

Please explain if parents and student attend different churches:

Please sign below; then give this form with a stamped envelope addressed to **Desert Christian Middle School Admissions, 7525 E. Speedway; Tucson, AZ; 85710**; to your church pastor, elder, Sunday School teacher or Bible Study leader who knows your family best. Remind the person that this form is necessary in order to process your application.

I request that this report be sent to Desert Christian Middle School.
I understand your evaluation will be held in confidence by the school's authorities.

APPLICANT'S SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PASTOR / ELDER / TEACHER

The above-named family is interested in applying for admission to Desert Christian Middle School. We believe Christian education is most effective when done in partnership with the home and church. Will you please take a few moments to answer the following questions found on both sides of this application?

I have known this **family** for _____ years as pastor, church elder, teacher. *(Please circle)*

I have known this **applicant** for _____ years as pastor, church elder, teacher *(Please Circle)*

Please circle the word listed below which best describe this family's church attendance:

WEEKLY MONTHLY OCCASIONALLY OTHER _____

Involvement in church and/or Christian community activities:

ACTIVELY OCCASIONALLY RARELY

Please complete both sides as soon as possible and return to
Desert Christian Middle School as this recommendation is necessary to process the application.

As you prayerfully complete the recommendation below, please be mindful of the DCS Mission Statement,

“It is our mission to disciple young people to be spiritually maturing, academically prepared, and possess an integrated Biblical worldview so that they impact their world for Christ.”

ASSESSMENT OF APPLICANT AND FAMILY

Please check the response which best represents your assessment of this applicant and their family. If you have no fair basis of judgment, please indicate this as “unknown.”

- Applicant’s commitment to Christ EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Applicant’s teachability EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Applicant’s attitude towards serving EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Family’s commitment to Christ EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Family’s teachability EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Family’s attitude towards serving EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN

Have you seen any evidence of spiritual growth? YES NO
Please describe.

Additional helpful comments concerning this family or any observed attitude or behavior of the applicant that you care to comment on are helpful and appreciated.

PLEASE CIRCLE ONE

**HIGHLY
RECOMMEND**

RECOMMEND

**RECOMMEND
WITH RESERVATION**

**PLEASE
CALL ME**

YOUR NAME / POSITION _____

CHURCH NAME _____

CHURCH ADDRESS _____

PHONE NUMBER _____ DATE _____

Thank you for your assistance.