



# Clergy Recommendation Form

A *love* for God.  
A desire to *learn*.  
A commitment to *serve*.

We have found a pastor's/clergy's perspective is valuable in getting to know an applicant better and helping us to determine if San Jose Christian School is an appropriate placement. Thank you in advance for your support and cooperation.

Applicant Name \_\_\_\_\_ Grade entering \_\_\_\_\_

Families should submit this form to their clergy and request that it be returned via US Postal or Fax to:

San Jose Christian School  
1300 Sheffield Avenue  
Campbell, CA 95008  
(408) 371-5596 (fax)

The remainder of this form should be completed by your Pastor or Clergy. The Parent Statement of Faith on the reverse side may be used if you are not currently connected with a clergy member.

Clergy Section

The student listed above has applied for admission to San Jose Christian School. We welcome any comments or insights you have regarding his or her character and spiritual life.

In what capacity and for how long have you known the applicant? \_\_\_\_\_

On average, how many times during a month does this applicant participate in church or congregationally related services or activities?

In what congregationally related activities is this applicant typically involved? \_\_\_\_\_

What involvement, if any, have you observed on the part of this applicant's parents(s) or guardian with your church or congregation?

Please share with us any specific concerns or highlights you have on the character of this applicant. \_\_\_\_\_

Pastor's/Clergy's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of your Church/Congregation: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you like us to phone you for further information regarding this applicant? Yes No