

WESTLAKE CHRISTIAN ACADEMY
275 South Lake St. Grayslake, IL 60030 847-548-6209
PASTORAL RECOMMENDATION



For Prospective Families

To be completed by a Parent

Family Name: _____

Address: _____
Street Address City State Zip

Applicant Name(s) and Grade(s)

- | | |
|------------------|------------------|
| 1. _____ / _____ | 4. _____ / _____ |
| 2. _____ / _____ | 5. _____ / _____ |
| 3. _____ / _____ | 6. _____ / _____ |

To be completed by the Pastor of the prospective family

The above family is applying for admission into Westlake Christian Academy, Grayslake, IL. Please complete this questionnaire and return in the self-addressed attached envelope. The information you give us will be kept in strict confidence.

1. How long has the above family been attending your church? _____
2. Is this family a member of your church? Yes _____ No _____
3. Does this family attend worship services on a regular basis? Comments: _____

4. What evidence of spiritual growth have you seen in this family? _____

5. Additional Comments _____

(PLEASE SIGN AND PROVIDE CONTACT INFORMATION ON PAGE 2)

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PASTORAL RECOMMENDATION



For Prospective Students Grades 7 – 12

To be completed by the prospective Junior High/High School student's Pastor or Youth Pastor

_____ has applied for admission as a student at Westlake Christian Academy. Your evaluation of this applicant in terms of the following items will be appreciated. *Thank you for your cooperation.*

| PLEASE CHECK | EXCELLENT | GOOD | AVERAGE | POOR | NO BASIS FOR JUDGMENT |
|---------------------------------|-----------|------|---------|------|-----------------------|
| Character: Conduct & Attitude | | | | | |
| Spiritual Growth | | | | | |
| Church Attendance | | | | | |
| Relationships With Peers | | | | | |
| Relationships with Parents | | | | | |
| Involvement with Youth Program | | | | | |
| Spiritual Leadership | | | | | |
| Ability to Cope With Challenges | | | | | |

(PLEASE USE 2ND PAGE FOR ADDITIONAL COMMENTS)

How long have you known the student? _____

General Comments _____

Print Your Name _____ **Position** _____

Church Name _____

Church Address _____ **Phone** _____

Signature _____ **Date** _____

Please mail or fax to: Westlake Christian Academy
275 S. Lake Street, Grayslake, IL. 60030
Phone: 847-548-6209 Fax: 847-548-6481