

PASTOR'S RECOMMENDATION FORM
Linville Hill Mennonite School
295 South Kinzer Road * Paradise, PA 17562

I. To be filled in by the family (after you have filled in Part I, please give this to your pastor to complete. The pastor will mail it directly to the school).

Parent's Names: _____

Church Home: _____

Name(s) of Children applying to LHMS: _____

Dear Pastor,

Thank you for taking the time to fill out this questionnaire. The information you include will assist us in better knowing the family.

Our goal at Linville Hill Mennonite School is to assist the home and church in the nurturing of children. We would appreciate receiving this questionnaire within a few days. Again, thank you and God bless you.

II. To be filled in by the pastor:

A. Are the parents' members of your church? Father _____ Mother _____

B. Approximately how long have they been involved with your church?

C. Sunday worship attendance is ___ regular ___ occasional ___ rare.

D. Please list additional involvements: _____

E. Do you believe the parents have had a genuine new-birth experience (John. 3:3)?

Father _____ Mother _____

F. How is this family's commitment applied in their daily lives?

G. Please comment on the family's relating to one another:

G. Are there any problems or unusual circumstances that we should be aware of?

H. What is your recommendation concerning admission to Linville Hill?

Signature _____ Date _____ Phone # _____

Please return to:

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THANK YOU FOR YOUR COOPERATION