



Lighthouse Christian School



Vickie Burt, Administrator
4565 Bemiss Road, Valdosta, GA 31605
Jimmy Burt, Pastor

A Ministry of Lighthouse Baptist Church
(229)244-8436

David Goldsberry, Principal
www.lbcministry.org
Chris Burt, Associate Pastors

Admissions Referral Form: Pastoral Recommendation

Directions to Parents: Please fill out the information in this box. Be sure to sign as parents/guardians to authorize us to get a Pastoral Recommendation from the Church you have listed below.

Name of Applicant: _____ Date: _____

Present School: _____ Present Grade: _____

Pastor/Youth Pastor Name: _____

Name of Church: _____

Church Address: _____

E-mail Address: _____ Church Phone: _____

FATHER OR GUARDIAN SIGNATURE

MOTHER OR GUARDIAN SIGNATURE

Directions to Pastor or Youth Pastor: The student named above has applied for admission to Lighthouse Christian School. After filling out the information, please send directly to **Lighthouse Christian School, 4565 Bemiss Road, Valdosta, GA 31605**. This information is confidential and will be restricted to the admissions committee of Lighthouse Christian School.

How long have you known this student or family? _____

Has the student ever made a profession of faith in Christ Jesus? Yes No Do Not Know

Has the student ever been in trouble with the Law? Yes No Do Not Know If YES explain: _____

How often does the family attend church services?

Father: On a Regular Basis Occasionally Rarely Never

Mother: On a Regular Basis Occasionally Rarely Never

Student: On a Regular Basis Occasionally Rarely Never

Is this family a member of your church in good standing?

Father: Church Member Non-Church Member

Mother: Church Member Non-Church Member

Student: Church Member Non-Church Member

Please rate the student in relation to his/her peers in each of the following categories:

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NEEDS IMPROVEMENT
Family Involvement:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Control:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Steadiness:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Testimony:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVER

Pastoral Recommendation Continued

Can this student be trusted? Yes No Do Not Know If No explain: _____

Is this student honest? Yes No Do Not Know If No explain: _____

Does this student have any previous conduct problems? Yes No Do Not Know If Yes explain: _____

List any additional information that would assist us in the evaluation of this student:

How strongly do you recommend this student as a prospective Christian school student?
 Highly Recommend Without Reservation With Reservation Not Recommend

Date: _____

Signature of Pastor or Youth Pastor

Mail to:
Lighthouse Christian School
Admissions Office
4565 Bemiss Road
Valdosta, GA 31605