

Pastoral Recommendation

The Pentecost School

Each applicant applying is required to submit ONE Pastoral Recommendation for review by the Admissions Committee. Fill in the date, your name and address in the section below.

NOTE: This section to be completed by Applicant

Date: _____

Phone - Home: () _____ Phone - Mobile: () _____

Applicant's Name: _____

Address:

City: _____ State: _____ Post code: _____ Country: _____

Country of Citizenship: _____

To the person completing this Recommendation: The above named is applying for admission to The Pentecost School. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance. Once completed, please mail to the School Office (address at bottom).

1. How long have you known the applicant? _____ Relationship to applicant? _____

2. How well do you know him/her? Please check one.

- Very close
- Fairly well
- Casually
- By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ (circle the answer)? Yes / No / Unsure

4. To your knowledge, does the applicant (circle the answer):

Use Tobacco? Yes / No **Drink?** Yes / No **Use Illegal Drugs?** Yes / No

5. In what form of Christian service has the applicant participated regularly (Sunday School Teacher, Youth Leader, Nursery Worker, etc.)?

6. What do you consider to be the applicant's strengths?

7. What do you consider to be the applicant's weaknesses?

8. Which characteristics best describe the applicant? Please check all that apply.

Warmhearted _____ Critical _____ Tolerant _____ Passive _____ Sympathetic _____
Rebellious _____ Respectful _____ Enthusiastic _____ Loving _____ Teachable _____

9. Please evaluate the applicant in regard to the following categories. Please circle one.

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Christian Commitment:	1	2	3	4	5	6
Social Adaptability:	1	2	3	4	5	6
Cooperativeness:	1	2	3	4	5	6
Integrity and Honesty:	1	2	3	4	5	6
Responsibility:	1	2	3	4	5	6
Mental Ability:	1	2	3	4	5	6
Physical Health:	1	2	3	4	5	6
Initiative:	1	2	3	4	5	6
Christian Character:	1	2	3	4	5	6
Emotional Stability:	1	2	3	4	5	6
Personal Appearance:	1	2	3	4	5	6
Leadership:	1	2	3	4	5	6
Reliability:	1	2	3	4	5	6

Please print or type the information below.

Your Name: _____ Phone: () _____

Address : _____

City: _____ State: _____ Post code: _____

Signature: _____ Date: _____

Please return this to:

The Pentecost School

4 Pasir Ris Dr 6

Singapore 519420

Email: pentecost@pmc.org.sg

Fax (65) 65840445

Personal Recommendation

The Pentecost School

Each applicant applying is required to submit ONE Personal Recommendation for review by the Admissions Committee. Fill in the date, your name and address in the section below.

NOTE: This section to be completed by Applicant

Date: _____

Phone - Home: () _____ Phone - Mobile: () _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Post code: _____ Country: _____

Country of Citizenship: _____

To the person completing this Recommendation: The above named is applying for admission to The Pentecost School. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance. Once completed, please mail to the School Office (address at bottom).

1. How long have you known the applicant? _____ Relationship to applicant? _____

2. How well do you know him/her? Please check one.

- Very close
- Fairly well
- Casually
- By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ (circle the answer)? Yes / No / Unsure

4. To your knowledge, does the applicant (circle the answer):

Use Tobacco? Yes / No **Drink?** Yes / No **Use Illegal Drugs?** Yes / No

5. In what form of Christian service has the applicant participated regularly (Sunday School Teacher, Youth Leader, Nursery Worker, etc.)?

6. What do you consider to be the applicant's strengths?

7. What do you consider to be the applicant's weaknesses?

8. Which characteristics best describe the applicant? Please check all that apply.

Warmhearted _____ Critical _____ Tolerant _____ Passive _____ Sympathetic _____
Rebellious _____ Respectful _____ Enthusiastic _____ Loving _____ Teachable _____

9. Please evaluate the applicant in regard to the following categories. Please circle one.

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Christian Commitment:	1	2	3	4	5	6
Social Adaptability:	1	2	3	4	5	6
Cooperativeness:	1	2	3	4	5	6
Integrity and Honesty:	1	2	3	4	5	6
Responsibility:	1	2	3	4	5	6
Mental Ability:	1	2	3	4	5	6
Physical Health:	1	2	3	4	5	6
Initiative:	1	2	3	4	5	6
Christian Character:	1	2	3	4	5	6
Emotional Stability:	1	2	3	4	5	6
Personal Appearance:	1	2	3	4	5	6
Leadership:	1	2	3	4	5	6
Reliability:	1	2	3	4	5	6

Please print or type the information below.

Your Name: _____ Phone: () _____

Address : _____

City: _____ State: _____ Post code: _____

Signature: _____ Date: _____

Please return this to:

The Pentecost School

4 Pasir Ris Dr 6

Singapore 519420

Email: pentecost@pmc.org.sg

Fax (65) 65840445