



SCHAEFFERTOWN

MENNONITE HIGH SCHOOL

301 NORTH CARPENTER STREET, P.O. BOX 327, SCHAEFFERTOWN, PA 17088
 PHONE: (717) 964-8140 E-MAIL: office@smhigh.org

PASTOR'S RECOMMENDATION

Dear Pastor,

_____ is applying for admission to Schaefferstown Mennonite High School. We are asking you as their pastor to complete this form in order to help us determine the prospective student's suitability for admission to SMHS. Please give a frank and honest evaluation. Your complete cooperation will be greatly appreciated. If the prospective student is your son or daughter, please ask another pastor to complete this form.

1. IS THE APPLICANT A CHRISTIAN? IF SO, DESCRIBE THEIR COMMITMENT AND SPIRITUAL GROWTH. IF NOT, WHAT IS THEIR ATTITUDE TOWARD CHRISTIANITY?

2. WHAT ARE YOUR OBSERVATIONS CONCERNING HOME RELATIONSHIPS?

3. ARE THERE ANY PERSONAL OR EMOTIONAL PROBLEMS THE SCHOOL SHOULD BE AWARE OF? IF SO, PLEASE DESCRIBE.

4. DOES THE STUDENT HAVE PRACTICES OR HABITS WHICH ARE IN CONFLICT WITH THE STANDARDS AND VALUES OF YOUR CHURCH OR OF SMHS? IF SO, PLEASE DESCRIBE.

5. DO YOU RECOMMEND THIS STUDENT FOR ADMISSION TO SMHS?

6. PLEASE NOTE ANY ADDITIONAL INFORMATION WHICH WOULD AID US IN OUR UNDERSTANDING OF THIS STUDENT ON THE BACK OF THIS FORM.

CONTACT INFORMATION

NAME: _____ E-MAIL: _____
 ADDRESS: _____ DATE: ____ / ____ / ____
 CONGREGATION: _____ PHONE: () _____ - _____

Please return this form promptly to Schaefferstown Mennonite High School at the above address.