

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, Adm. Assistant
www.lbcministry.org
Chris Burt, Associate Pastor

Admissions Referral Form Pastoral Recommendation

Name of Applicant: _____ Date: _____

Present School: _____ Present Grade: _____

Directions to Parents: Please sign the authorization below and give to your child's present Pastor or Youth Pastor. Have them return the completed form to Lighthouse Christian School, 4565 Bemiss Road, Valdosta, GA 31605.

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.

Pastor/Youth Pastor Name: _____

Name of Church: _____

Church Address: _____

E-mail Address: _____ Church Phone: _____

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?				Is this family a member of your church in good standing?	
Father:	<input type="checkbox"/> On a Regular Basis	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	Father: <input type="checkbox"/> Church Member <input type="checkbox"/> Non-Church Member
Mother:	<input type="checkbox"/> On a Regular Basis	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	Mother: <input type="checkbox"/> Church Member <input type="checkbox"/> Non-Church Member
Student:	<input type="checkbox"/> On a Regular Basis	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	Student: <input type="checkbox"/> Church Member <input type="checkbox"/> 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"/>

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