

Northview Adventist School

Recommendation Form

Full name of student: \_\_\_\_\_

Please indicate your relationship to the student:

- Pastor
- Teacher (current or former)
- Friend of the Family
- Sabbath School leader or teacher
- Adventurer/Pathfinder leader or teacher
- Other \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Where do you know the student from? \_\_\_\_\_

\_\_\_\_\_  
Please describe, in the space provided below, why this student would be a good fit as a Northview Adventist School student.

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\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_