

# Northview Adventist School

## Recommendation Form

Full name of student:

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Please indicate your relationship to the student:

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

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

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

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Please describe why this student would be a good fit as a Northview Adventist School student.

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

RETURN TO:

Principal - Idania Mendoza - Email: [imendoza@northviewsdaschool.org](mailto:imendoza@northviewsdaschool.org) **OR** by mail to  
Northview Adventist School (c/o: Idania Mendoza)– 202 N. Carmel St., Cadillac, MI 49601