

TRINITY CHRISTIAN SCHOOL
PASTOR'S RECOMMENDATION FORM 2010-2011



Section 1 and 2 are to be completed by the parent and then forwarded to your pastor to complete.

I. PARENT:

Family Name: _____

Family Address: _____

Family Home Phone Number: _____

Students' Names: 1. _____ 2. _____ 3. _____

II. CHURCH INFORMATION:

Name of Church: _____

Address: _____ Phone: _____

III. PASTOR: The above family is applying for admission of their child(ren) to Trinity Christian School. It is important to us to know their commitment to raise their children in a consistent, Christian environment which we feel should include a commitment to a local church. Thank you for your prompt attention to this recommendation. **THIS IS A CONFIDENTIAL REPORT AND SHOULD BE MAILED DIRECTLY TO:**

TRINITY CHRISTIAN SCHOOL
ATTN: Mrs. Gianakopoulos, Director of Admissions
901 Shorewood Drive
Shorewood, IL 60404

a. Is the family a member of your church? YES or NO

b. How long has this family been attending/members of your church?

c. How regular is their attendance at services? A Few Times a Year Once a Month Weekly

d. What is their level of participation in the life of your church? High Average Low

e. How would you characterize this family's commitment to Christian living?

f. Other: _____

Pastor's Signature: _____ **Date:** _____