



Sections 1 and 2 are to be completed by the parent and then forwarded to the family's 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 believe 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: 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 [] Bi- Weekly [] Every Sunday

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: _____