



Friendship Christian School Pastor Recommendation Form

Parent's name: _____ Applicant ('s) _____

Dear Pastor:

The family listed above is applying for enrollment at Friendship Christian School. We believe that the home, the church and the school must partner together to effectively provide Christian education to the student. We appreciate your assistance in providing input for use in our admissions process.

How long have you known the family? _____

I know this family As close friends Well Generally acquainted Not very well

Church Attendance

Father Weekly Twice/month Monthly Infrequently
Mother Weekly Twice/month Monthly Infrequently
Applicant(s) Weekly Twice/month Monthly Infrequently

Church Membership

Father Yes No
Mother Yes No
Applicant(s) Yes No

Involvement in Church Ministries

Father Highly Involved Some Involvement None
Mother Highly Involved Some Involvement None
Applicant(s) Highly Involved Some Involvement None

Are the priorities of this family compatible with the school's mission and goals?

Father Yes Somewhat No Don't know
Mother Yes Somewhat No Don't know
Applicant(s) Yes Somewhat No Don't know

If you were a member of the admissions committee, how would you vote to accept this student?

Enthusiastically Willingly With Reservations Deny Admission

If you have additional comments for consideration, please use the back of this form (if mailing response) or a separate sheet (if faxing).

Signature _____ Date _____
Pastor's Name (please print) _____ Title _____
Church _____ Phone number _____

We cannot process the student's application until this form is received. Please mail or fax this form.