

#14- Pastor Recommendation Form

School: Community Christian Academy

Date: ____ / ____ / ____

The following family has made application to our school. We ask that the pastor fill in the following questions and mail this form back to us as soon as possible. Please do not return this form to student or parent(s).

All information written on this form will be held in strict confidence

Date: ____ / ____ / ____

Family Applying: _____

Is this family faithful in attendance? Yes _____ No _____

Does this family regularly give? Yes _____ No _____

Does this family express a good Christian attitude toward situations and others?

Yes _____ No _____

What positions do the members of this family hold in your church? _____

Do you have any comments to add concerning this family? _____

Pastor's Signature: _____

Church Name: _____

Church Phone #: _____