

Pastor's Confidential Recommendation Form
for Ashland Christian School

Please use dark ink when completing this form. This form must be completed for your Admission Interview .

SECTION I: To be completed by the Family. After you have completed Section I, please give this form to your pastor to complete Section II and mail directly to the school.

Family Name: _____

Family Address: _____

_____ Phone: _____

Church Home: _____

Name(s) of child(ren) 1. _____

applying to ACS 2. _____

3. _____

4. _____

SECTION II: To be completed by the Pastor.

Is the above family actively involved in your church? _____ If "yes," please list areas of involvement: _____

Do any of the family members hold a leadership position in the church? _____ If "yes," please list position held: _____

Are the children involved in the children's or youth programs of the church? _____

What is your understanding of this family's relationship to God? _____

Are there any matters you feel would be helpful to the school to know in order to effectively serve this family? _____

Would you recommend this family for admission to Ashland Christian School?

_____ Strongly _____ With reservations _____ No

Pastor's Signature _____ Date _____

Pastor's Name _____ Church Name _____

Address _____

3/12

Please return to: Ashland Christian School, 1144 W. Main Street, Ashland ,OH 44805