

Confidential Pastoral Recommendation Form 2017-2018

Guardian must complete Section 1. Send the form to a person of authority such as your pastor or Sunday School teacher, children's or youth leader, choir director, or cell leader at the church you attend.

To Be Completed By Guardian

Student's name _____ Applying to grade level _____

Guardian's name _____

Address _____

City _____ State _____ Zip Code _____

Home Number _____ Work Number _____ Cell Number _____

Family Information

Place of church membership or attendance? _____

Are there members in your family who have not received the Lord? _____

Does your family believe in tithing? _____

Are you an active participant in your home church? _____

In what programs of your church are you involved? _____

To Be Completed By Church Personnel

1. Is this family a member of the church? Yes No
2. Actively participates in church programs? Yes No Unknown
3. Financially supports the church? Yes No Unknown
4. Attends worship services regularly? Yes No Unknown
5. Do you know this family? Yes No Unknown
6. Does the child know Christ? Yes No Unknown
7. Spiritual influence on peers? Positive Negative
8. Do you recommend this child for admission to Cornerstone Christian Schools?
 Yes No Reservation*

* _____

Name of person completing recommendation _____

Position in Church _____

Name of Church _____ Phone Number _____

_____ Date

_____ Signature

Once completed, please return this form to:

Cornerstone Christian Schools
Attn: Admissions Director
4802 Vance Jackson
San Antonio, Texas 78230
Fax: 210-349-0995

Your candid estimate of the applicant will be of invaluable assistance during the admission process, and your comments will be held in strict confidence.