



PASTOR'S CONFIDENTIAL RECOMMENDATION FORM

Part I: (To be filled out by the family)

After you have filled our Part 1, please give this form to your pastor to complete.

Family Name: _____

Family Address:

Names of children applying to ACS:

Church Name: _____

Part II: (To be filled out by the pastor)

Your recommendation is important to us as we consider the applicant(s) and their family for admission to our school. Please return this completed form asap by mail directly to us at: **Azle Christian School 1801 S. Stewart St. Azle, TX 76020**

1. Is the above family in active fellowship with your church? Yes _____ No _____

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

3. In what areas of service and/or activities of the church, are the family members involved?

4. Do you recommend this family for admission to Azle Christian School? Yes _____ No _____

Pastor's Name: _____

Pastor's Signature: _____

Church Name: _____

Church Address: _____

Church Telephone: _____

Date: _____

On behalf of Azle Christian School, thank you for taking time to fill out this form.