



Pastor's Recommendation

Parent/Guardian: Please complete this section.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Student Names: _____

Pastor: This family is applying for admission of their child(ren) to Racine Christian School. Please complete and sign this form, then mail it to the school at 912 Virginia Street, Racine, WI, 53405. Information provided is for confidential use only by school officials. Please call the school at 634-0961 with any questions.

Is this family a member of your church? Yes _____ No _____

Does the family regularly attend worship services? Yes _____ No _____

In what church activities do the members of this family participate?

Why would you recommend this family for admission to Racine Christian School?

Pastor Signature: _____ Date: _____

Church Name: _____ Phone: _____

Thank-you! Please return completed form to Racine Christian School.

