



## 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 Principal Dave VanSwol 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: \_\_\_\_\_

Church Address: \_\_\_\_\_

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

