

# Pastor's Recommendation



PARENTS: Complete the top portion of this form, then give it to your pastor with a stamped envelope addressed to the school. An admissions interview cannot be scheduled until this letter has been received.

I/we hereby (waive)(do not waive) my/our right to access to this form completed by my/our pastor.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Pastor:

\_\_\_\_\_ has applied for admission to Beaver County Christian School.  
Student Name(s)

We are asking for your help in assessing the home atmosphere, in which the applicant lives and are providing this form to suggest information we would like to obtain. At BCCS we recognize the central role of the family in the nurturing of children. The school cannot do its job of providing Christian education without the active support of parents. We therefore require that at least one parent be a professing Christian and living in conformity to that profession.

Please complete this form and return it to the school within a week, if possible. The form may be mailed or faxed (724)891-3315. Your recommendation as well as school records and parent interviews will help with the admissions decision. If you have any questions please contact the school at (724)843-8331

Admissions Committee

1. How long have you known the parents?

\_\_\_\_ Less than 6 months      \_\_\_\_ 6 months - 1 year      \_\_\_\_ 1-2 years  
\_\_\_\_ 2 - 5 years      \_\_\_\_ more than 5 years

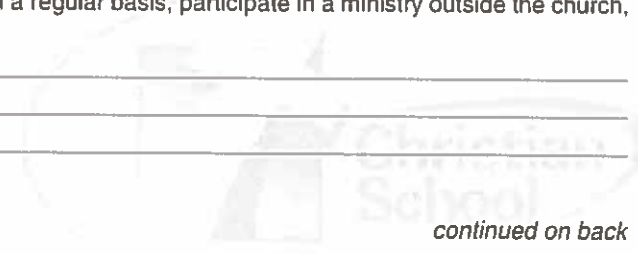
2. Do they attend church regularly?      \_\_\_\_ Yes      \_\_\_\_ No

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please list the ministries or church activities these parents are involved in. For example: Do they regularly attend Sunday School Classes, teach in Sunday School classes, help in the church office, hold an office in the church, lead or attend a Bible study on a regular basis, participate in a ministry outside the church, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



*continued on back*

4. Are there other circumstances we should be aware of in considering this application?

---

---

---

5. To the best of your knowledge is their lifestyle consistent with their Christian profession? If no, please explain.

Yes     No

---

---

---

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Print:

Your Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Thank you for giving us your time to fill out this reference form. Please return to:

Admission Committee  
Beaver County Christian School

4001 6<sup>th</sup> Ave.  
Beaver Falls, PA 15010  
Fax: 724-891-3315

