

# HORIZON CHRISTIAN SCHOOL

## Pastor's Confidential Recommendation Form

### To be completed by the parents:

Please complete the top section and provide to your pastor to complete the remainder of the form.

Parent(s) Names: \_\_\_\_\_

Name(s) of your child(ren) for whom you are applying to Horizon Christian School:

1. \_\_\_\_\_ Grade Entering: \_\_\_\_\_
2. \_\_\_\_\_ Grade Entering: \_\_\_\_\_
3. \_\_\_\_\_ Grade Entering: \_\_\_\_\_

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### To be completed by the Pastor:

The above family is applying for admission for their child(ren) to Horizon Christian School. We would appreciate your prompt attention to this recommendation as it is a part of our consideration of the application. Please complete and either mail to: **Horizon Christian School, Attn: School Admissions, 7702 Indian Lake Rd, Indianapolis, IN 46236; Scan to Scott Ellman, Director of Admissions [sellman@hcsindy.org](mailto:sellman@hcsindy.org) or FAX to: 317-823-2396**

1. Does the above family regularly attend your church? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please explain any circumstances that may be relevant: \_\_\_\_\_  
\_\_\_\_\_
2. How long have you known the family? \_\_\_\_\_
3. Would you consider the child(ren) open and sensitive to spiritual instruction?  
\_\_\_\_\_
4. Does/do the child(ren) cooperate well with those in authority? \_\_\_\_\_  
\_\_\_\_\_
5. Are there any matters that you feel would be helpful for us to know in evaluating the admission of this family? \_\_\_\_\_  
\_\_\_\_\_
6. Do you recommend this family for admission to Horizon Christian School?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Church: \_\_\_\_\_

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

Pastor Name: \_\_\_\_\_

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

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This information is confidential and for the exclusive use of Horizon Christian School admissions.*