

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: _____

To be completed by the Pastor:

The above family is applying for admission for their child(ren) to Horizon Christian School. The admissions committee 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: Admissions Dept., 7702 Indian Lake Rd., Indianapolis, IN 46236;** **Scan to: Mary Lyn Milford, Director of Admissions, mmilford@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 to this situation: _____

2. How long have you known this 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 _____ No Recommendation _____

Name of Church: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Pastor Name: _____

Church Phone: _____

This information is confidential and for the exclusive use of the Horizon Christian School Admissions Committee.

Pastor's Signature: _____ Date: _____