HIGHLAND CHRISTIAN SCHOOL

Pastor's Recommendation

Family's making application for enrollment in Highland Christian School must be members in good standing of an evangelical Christian church. *Sections 1 & 2 are to be completed by the parent/guardian. Please enter the fillable data, then PRINT, sign and submit this form to the HCS Office. Alternately, this form may be printed and completed by hand.* **This form must have a physical signature in order to be processed.**

Section 1. Family Information

Family Name _____

Family Address _____

Student Name _____

Student Name _____

Student Name _____

Section 2. Church Information

Church Name _____

Church Address _____

Street **City, State** **Zip**

Pastor's Name _____

Church Phone _____ **Church Fax** _____

I give my permission to church personnel to provide the information requested below.

_____ _____

Signature of Parent/Guardian **Date**

Sections 3 is to be completed by a pastor, elder, or small group leader of the named Church who have relationship with the prospective family. Please complete and return this form directly to Highland Christian School, Attn.: Admissions, 3040 Ridge Rd, Highland, IN 46322, or fax to (219) 838-7817.

Section 3. Pastor's Recommendation

Name/Title _____

Signature _____

Email _____

Date

a. Is your church teaching consistent with our basis of instruction and creedal statement as indicated on the 2nd page of this document? YES NO

b. Is this family a member of your church? YES NO
If no, please explain any circumstances that may be relevant to this situation.

c. Does this family regularly attend the worship services or small groups of your church? YES NO

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

e. What is your observation of this family's spiritual journey?

f. Are there any family matters that we should be aware of as we engage in a partnership with this family?