



Blue Ridge Christian School

100 Dinkel Avenue, P.O. Box 207
Bridgewater, VA 22812
Telephone 1-540-828-2233

PASTOR'S CONFIDENTIAL RECOMMENDATION FORM (All information provided by you will be held in confidence.)

FAMILY INFORMATION:

Family Name: _____

Family Address: _____

Names of children applying: _____

To be filled in by the Pastor:

Please provide the name, mailing address, and denominational affiliation of your church.

• Name and mailing address of Church: _____

• Denomination Affiliation: _____

Is the above family a member of your church?

Yes

No

Does the above family regularly attend your church?

Yes

No

Does the family participate in the activities of your church?

Yes

No

If yes, please explain: _____

Are the children active in the youth program of the church? _____

Do you consider the children open to spiritual instruction? _____

What is your understanding of this family's relationship to God? _____

Are there any matters that you feel our school should know as we consider this family's application for admission? _____

Pastor's Signature: _____

Date: _____

Title: _____

When complete, please return this form in the envelope provided.