

CrossRoads Christian Academy

801 State Highway 160

Warrior, AL 35180

(205) 647-3880

Pastor's Recommendation

Family Name _____ Phone _____

Address _____

Church Name and Address _____

Name(s) and grade(s) of children applying _____

The family named above has applied for entrance into our school. It is our desire to work with you in a total evaluation of them prior to their being accepted. Would you, therefore, aid us by answering the brief questionnaire below? In this way we will gain more insight into the family in question, and you, in turn, might be able to use any updated material which appears above on our form. Please feel free to make a copy of this questionnaire prior to its return to us and share its contents with the family, if you so desire.

1. Do you personally know the family? _____

2. Has the family been in attendance for more than one year? _____

3. Please circle approximate number of services attended per month:

1 2 3 4 5-10 11-16 more

4. Which family members are professing Christians? _____

5. Are members of the family active in the work of the church? If "yes", please explain.

6. Based on your personal knowledge of the family in question, would you recommend them to us? Why? YES NO

Pastor's Signature _____

Telephone Number _____