Community Christian School 3400 Martin Luther King Jr. Dr. Orange, TX 77632 Phone 409-883-4531



Pastor Recommendation Form

To the Parent: In an effort to aid the student as he/she enters our school, we request recommendations from those who know him/her best. This form is to be given to your child's pastor or youth pastor at your church.

To the Church Leader Completing this Form: CCS desires to come alongside the parents in order to cultivate a heart for God, develop the mind of Christ, and provide a distinctly Christian quality education in a college preparatory environment. In addition to test scores, we evaluate the potential student with information from those who know him/her best—former teachers, pastors, etc. Thank you very much for your time and interest in this student. This is a confidential form, please mail or e-mail a scanned, signed copy to denises@ccorange.org.

Student Name					Date	·				_
Please comment on the follo	wing:									
I have known this student	_years	. My rel	ationshi	p is that	of					
				Past	or, or You	th Pastor				
To your knowledge has the stu	dent r	nade a p	ersonal	commit	ment to	Jesus Cl	nrist? _	_yes _	_no	_ I don't know
How often does the student at	tend c	hurch?	F	Regularly			Occasion	allyF	Rarely	
Which of the following does thYouth GroupOtl								ichool -	E	Evening Service
Please rate the student from	1-10	as they	apply to	the be	low wit	h 1 beir	ng the le	ast and	10 bein	g the highest
Please comment on each.										
Integrity/Ethics	1	2	3	4	5	6	7	8	9	10
Comment										
Emotional Stability	1	2	3	4	5	6	7	8	9	10
Comment										
Relationship w/ Peers	1	2	3	4	5	6	7	8	9	10
Comment										
Relationship w/ Parents	1	2	3	4	5	6	7	8	9	10
Comment										
Respects/Submits to Authority	1	2	3	4	5	6	7	8	9	10
Comment										

Do you personally know the family of the student?	
Which members of the family attend your church?	
In what form of Christian service has the student participated regularly?	
To your knowledge has the applicant engaged in any illegal activity?YesNo	
Do you feel this student would flourish in a Christian school environment and not be a stumbling block to others?	ı
Would you like us to call you to discuss this student?yesnoif necessary	
To Church Leader filling out form, please fill out the information below.	
Name	
Name of Church & denomination	
Position	
Church Address	
Church Phone #	
Signature	
Date	

Please return this completed form by mail or e-mail

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Thank you for helping in this process!