



AMERICAN CHRISTIAN SCHOOL
126 South Hillside Avenue, Succasunna, New Jersey 07876
Phone: 973-584-6616 Fax: 973-584-0686

PASTOR'S CONFIDENTIAL RECOMMENDATION FORM

PART I: TO BE FILLED IN BY THE FAMILY APPLYING FOR ADMISSION TO THE AMERICAN CHRISTIAN SCHOOL. After filling in Part I, please give this form to your pastor to complete and mail directly to the school.

Family Name: _____

Family Address: _____

Names of Children Applying to ACS _____

PART II: TO BE FILLED IN BY THE PASTOR

- 1a. Is the father of the above family a member in good and regular standing in your congregation?
 Yes No
- 1b. Is the mother of the above family a member in good and regular standing in your congregation?
 Yes No
2. How long has this family attended your church?
3. What is your understanding of this family's relationship to God?
4. In what areas of service and/or activities of the church are the family members involved?
5. Do you recommend this family for admission to The American Christian School?
 Yes No
6. Would your Church's doctrinal position be in agreement with the Statement of Faith of the American Christian School? (on reverse side) Yes No

Pastor's Signature _____ Print Name _____

Church Name: _____ Date _____

Denominational Affiliation: _____

Church Address: _____

Church Telephone Number: _____

The admission process will not be completed until this form is returned to the office. Please return within one week.