



3639 S. Keystone Ave  
 Indianapolis, IN 46227  
 p: 317-789-8710 f: 317-789-8718  
 Go2CCS.org

**Pastor's Recommendation**

**FAMILY INFORMATION**

Please complete this section before giving this form to your pastor. Re-enrollment will not be complete without this form.

Family Name \_\_\_\_\_ Primary Phone Number \_\_\_\_\_

Names of Student(s) Re-Enrolling to Calvary Christian School \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Church Name \_\_\_\_\_ Church Denomination \_\_\_\_\_ Phone Number \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PERMISSION TO RELEASE INFORMATION**

I request our pastor or designee to provide this recommendation to Calvary Christian School. I understand that this Pastor's Recommendation form will not be a part of the permanent file of the above listed student(s) and will not be available to parents for review.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PASTOR RECOMMENDATION**

Dear Pastor,

The above family is seeking to re-enroll their child(ren) at Calvary Christian School. It is our policy this year to have a Pastor's recommendation. Thank you for your assistance in this matter. **Please submit this form via mail or fax ASAP.**

Is the above family an active member of your church? .....  Yes .....  No

Does this family attend church at least one time a week on average?.....  Yes .....  No

What is the church membership of the parents:  Both parents  Father/Guardian  Mother/Guardian  Neither Parent

Do you recommend the above listed student(s) for admission to Calvary Christian School?.....  Yes .....  No

Please include any comments that you think would be helpful to the Office of Admissions at Calvary Christian School.

\_\_\_\_\_  
 \_\_\_\_\_

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CALVARY TABERNACLE MEMBERS ONLY**

All families who received the Calvary Tabernacle member pricing last year will have their names submitted by Calvary Christian School to Calvary Tabernacle automatically.

Are you a Calvary Tabernacle tithe paying member? .....  Yes .....  No

Pastor's Signature (or Designee) \_\_\_\_\_ Date \_\_\_\_\_

**Please return to: Office of Admissions (Pastor's Recommendation)  
 Calvary Christian School • 3639 South Keystone Avenue • Indianapolis, IN 46227**