



RANDOLPH CHRISTIAN SCHOOL
Pastor's Recommendation for Admission

Part I:

Name of Parent(s) or Guardian(s) _____

Street Address _____

City _____ State _____ Zip _____ Home Phone _____

Email address _____ Cell Phone _____

Student Name 1. _____ 2. _____

3. _____ 4. _____

Part II: (to be completed by the pastor of applicant's home church)

Pastor: The above family is applying for admission of their child(ren) to Randolph Christian School. Please complete and sign this form, and mail it to: Randolph Christian School, 457 N 2nd Street, Randolph, WI 53956. Information provided is for use only by school officials, and will be held in strict confidence.

- Is this family a member of your church? Yes No
- Does this family regularly attend worship services at your church? Yes No
- In what church activities do the members of this family participate? _____

- Are there any matters, spiritual or otherwise, that you feel would be helpful for us to know about this family? _____

- Would you recommend this family for admission to Randolph Christian School? Yes No

Pastor's Signature _____ Date _____

Name of Church _____ Phone _____

Address of Church _____