



# Atlantic Shores

Christian School

## Pastoral Recommendation Form

Atlantic Shores Christian School requires families to be attending a church in order to be enrolled. This recommendation form must be filled out completely, signed, and returned to the Admissions Office.

### **I. To Be Completed By The Family**

After you have completed Section I, please submit this form to your Pastor or a pastoral staff member at your church. They must complete and mail or fax this form directly to the school.

Family Name: \_\_\_\_\_

Church Name: \_\_\_\_\_ Pastor: \_\_\_\_\_

Church Address: \_\_\_\_\_

Names and grades of children desiring enrollment to Atlantic Shores Christian School:

1. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ 3. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

2. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ 4. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### **II. To Be Completed By Pastor Or Pastoral Staff Member**

Please answer the following questions for each child listed:

**Child 1** - Name: \_\_\_\_\_ The applicant's influences on his or her peers is  Positive  Neutral  Negative

How well do you know the applicant?  Very well, pastoral relationship  Fairly well, numerous personal contacts  
 Casually, few personal contacts  By name/sight  I do not know the applicant

How long have you known the applicant? \_\_\_\_\_ Do you consider the applicant open to spiritual instruction?  Yes  No

To your knowledge, has the applicant made a personal commitment to Jesus Christ?  Yes  No  I don't know

Comments about applicant: \_\_\_\_\_

**Child 2** - Name: \_\_\_\_\_ The applicant's influences on his or her peers is  Positive  Neutral  Negative

How well do you know the applicant?  Very well, pastoral relationship  Fairly well, numerous personal contacts  
 Casually, few personal contacts  By name/sight  I do not know the applicant

How long have you known the applicant? \_\_\_\_\_ Do you consider the applicant open to spiritual instruction?  Yes  No

To your knowledge, has the applicant made a personal commitment to Jesus Christ?  Yes  No  I don't know

Comments about applicant: \_\_\_\_\_

**Child 3** - Name: \_\_\_\_\_ The applicant's influences on his or her peers is  Positive  Neutral  Negative

How well do you know the applicant?  Very well, pastoral relationship  Fairly well, numerous personal contacts  
 Casually, few personal contacts  By name/sight  I do not know the applicant

How long have you known the applicant? \_\_\_\_\_ Do you consider the applicant open to spiritual instruction?  Yes  No

To your knowledge, has the applicant made a personal commitment to Jesus Christ?  Yes  No  I don't know

Comments about applicant: \_\_\_\_\_

Describe the family's church attendance.  Regular  Occasional  Seldom  Does not attend

Church membership:  Both parents  Father  Mother  Neither parent

Is this family active in church beyond Sunday attendance?  Yes  No

If Yes, please explain: \_\_\_\_\_

What is your understanding of this family's relationship with Jesus Christ? \_\_\_\_\_

Does this family present a lifestyle that is a positive testimony for Jesus Christ?  Yes  No  I don't know

Are there any concerns regarding this family or their children that should be considered regarding admission to Atlantic Shores Christian School? \_\_\_\_\_

Do you recommend this family for admission to Atlantic Shores Christian School?  Yes  No

Pastor's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Church Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*~ Thank you for taking the time to complete this recommendation. ~*

**Please mail or fax this form to one of the following addresses:**

**Elementary Campus (Grades K4 – 6)**

Atlantic Shores Christian School  
Attn: Admissions Office  
1861 Kempsville Road  
Virginia Beach, VA 23464  
Fax: (757) 479-8742

**Secondary Campus (Grades 7 – 12)**

Atlantic Shores Christian School  
Attn: Admissions Office  
1217 North Centerville Turnpike  
Chesapeake, VA 23320  
Fax: (757) 479-5311