



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 School (Grades K3 – 6)

Atlantic Shores Christian School
Attn: Admissions Office
1217 North Centerville Turnpike
Chesapeake, VA 23320
Fax: (757) 479-8742

Secondary School (Grades 7 – 12)

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