

CORNERSTONE

CHRISTIAN SCHOOL

(Please give this form, and a stamped envelope addressed to Cornerstone Christian Preschool, to the pastor or elder at your current church who knows you best.)

Please type or print clearly (to be completed by applicant)

Name of CCP applicant _____

Address _____

City _____ State _____

Zip _____ Home telephone number (_____) _____

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Dear Pastor:

This recommendation form is part of the application process for Cornerstone Christian Preschool (CCP). We wish to work with and assist parents in their duty to train their children using the Bible as the foundation and main textbook. We furthermore desire to be a support to each family's home church and therefore desire your input.

It is imperative that families who enroll their children in our school are of a like mind, teachable, and serious in their commitment to the Lord. We expect the families to be pressing toward the goal for the prize of the upward call of God in Christ Jesus (Phil. 3:13-14), not to be perfect or to have "arrived." Therefore, we require this form and *will be unable to process the family's application until we have received it.* Thank you for taking your time to assist us.

Please type or print clearly (to be completed by pastor of applicant).

Is this family a member in good standing of your church?

Yes No Pursuing We do not have official membership

Do both parents faithfully attend your church? Yes No

How long has this family attended your church? _____ Years _____ Months

How long have you known this family personally? _____ Years _____ Months

How well do you know this family? _____

How is this family involved in your church?

Father _____

Mother _____

To what degree is this family an example to others in the church?

___ Excellent ___ Good ___ Fair ___ Poor

In your opinion, are *all* the children responsive to their parents' authority? ___ Yes ___ No

Can you wholeheartedly recommend this family for the CCP program? ___ Yes ___ No
If "no," briefly explain.

If you have additional information you feel might be relevant and should be considered, please feel free to share.

If you are not the senior pastor, please indicate your relationship to the applicants.

Do you require that your responses be kept confidential? ___ Yes ___ No

Your name _____

Name of church _____ Denomination _____

Address _____

City _____ State _____ Zip _____

Church telephone (_____) _____ Home telephone (_____) _____

Signature _____ Date _____

***Please mail directly to Cornerstone Christian Preschool at 5073 Andrea Blvd., Sacramento, CA 95842
or scan and email to CornerstonePreschoolDirector@gmail.com
Thank you for your assistance!***

(Cornerstone Christian Preschool is committed to a policy of non-discrimination on the basis of race, sex, color, national and ethnic origin in administration of its educational policies, admission policies, and other school administered programs.)