

PASTOR'S CONFIDENTIAL RECOMMENDATION FORM
for Damascus Christian School

I. To be filled in by the Family. After you have filled in Part I, please give this to your Pastor to complete and mail directly to the school. (Please include a stamped, school –addressed envelope for your Pastor)

Family Name: _____

Family Address: _____

Father/Mother Occupation: _____

Church Home: _____

Names of children applying and grades to enter at D.C.S.

(1) _____

(2) _____

(3) _____

(4) _____

II. To be filled in by the Pastor:

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

Have any member/attenders of the family held a leadership position in the church? Yes No If yes, please explain:

Are the children active in the youth program of the church? Yes No

Do you consider the children open to spiritual instruction? Yes No

What is your understanding of this family's relationship to God? _____

Are there any matters that you feel would be helpful to us as a school to know influencing the admission of this family?

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

Pastor's Name _____ Date _____

Church Name _____ Phone _____

Church Address _____

Please return to:

Damascus Christian School, Admissions
14251 SE Rust Way
Damascus, OR 97089 | (503) 658-4100 | FAX: (503) 658-5827