



P.O. Box 430, DeMotte, IN 46310
219.987.3721 | demottechristianschools.org

PASTOR'S CONFIDENTIAL RECOMMENDATION FORM

- I. **TO THE FAMILY:** Please complete this part of the form and then give to your pastor to complete and to mail directly to the school.

Parent(s) Name _____

Telephone (_____) _____

Parent Address _____

Church Name _____

Church Address _____

Name of Child(ren) and age(s): _____

II. DEAR PASTOR:

As part of the application process at DeMotte Christian Schools Inc, we ask our parents or guardian to obtain a reference from their pastor. We believe the Christian training of our children can be most effective when the home has the support of both the Christian school and the church. We require our parents to maintain regular and active involvement in their local church. By answering these few questions, you enable us to give clear direction to those families seeking entrance into DMCS. We also trust that this procedure will assist you in working with those families who list your church as their church home.

Therefore, we ask that you please complete the following section and return the completed form. Thank you for your assistance. (If the pastor is the parent/applicant, this form should be completed by an officer of your church council.)

1. Is the above parent(s)/guardian a member(s) of your church?

Yes _____ No _____

2. Has this family been faithful in their church attendance during the past year?

Yes _____ No _____

If no, please explain: _____



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3. Have any members of the family held a leadership position in your church?

Yes _____ No _____

If yes, please explain: _____

4. Have the children been involved in the religious education program of the church?

Yes _____ No _____

Examples: _____

5. Do you believe this family has an understanding of personal salvation through Jesus Christ?

Yes _____ No _____

Comments: _____

6. Are there any matters that you feel we should know about as a school that might influence our decision regarding admission of this family?

Pastor's Name (please print) _____

Pastor's Signature _____ Date _____

Please return this completed form to:

DeMotte Christian Schools, Inc.
Attention: Mr. Clarence Oudman, Superintendent
P. O. Box 430, DeMotte IN 46310
secretary@dmcs-in.org
Phone: (219) 987-7651 FAX: (219) 987-3724