



## Recommendation Form—Pastor

Applicant's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Student of \_\_\_\_\_ Applying for grade \_\_\_\_\_

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

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Dear Pastor,

The mission of Wesleyan Christian School is to provide an outstanding spiritual and educational environment where all students are thoroughly prepared to fulfill God's purpose in their lives. We strive to glorify God through the discipleship of students and the pursuit of excellence in education with the Bible as the foundation. This information will aid in the admission process as well as in the ministry which WCS will have with the family should they become a part of the WCS family.

We appreciate your completion of this form as well as your ministry in the community.

1. How long have you known this family or applicant? \_\_\_\_\_
2. Are they involved in any areas of service to your church? \_\_\_\_\_

### Please check the appropriate boxes:

**Applicant**

- Member
- Attends church regularly
- Belongs to youth group  
or Sunday School class
- Does not attend

**Parent(s)**

- Member
- Attends church regularly
- Belongs to Small Group  
or Bible Fellowship
- Does not attend

### Please write any additional helpful comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pastor's Printed Name: \_\_\_\_\_ Pastor's Signature: \_\_\_\_\_

Name of Church: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**Please return this referral directly to Wesleyan Christian School at the above below.**

**1780 Silver Lake Road, Bartlesville, OK 74006**

**Phone (918)333-8631 • Fax (918)333-8632**

**www.wesleyanchristianschool.com**