



Pastor Recommendation

Parents: Please complete Section I and then give this form to your Pastor to complete Section II.

SECTION I. To Be Completed by Parents.

Family Name: _____

Address: _____

Name(s) of Children Registering for Enrollment	Grade Entering	Name(s) of Children Registering for Enrollment	Grade Entering
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

SECTION II. To Be Completed and Mailed by The Pastor To The School.

Name of Pastor: _____ Phone Number: _____

Name of Church: _____

The above family is applying for admission of their child(ren) to Trinity Classical Christian School.

How long have you known this family? _____

How long has this family been attending your church? _____

Do all members' of this family attend church? _____

Please comment on this family's involvement in your church? _____

Please comment on this family's Christian life? _____

Do you recommend this family's child(ren) for enrollment in Trinity, a classical Christian school?

Pastor's Signature: _____ **Date:** _____

**Please Mail Pastor Recommendation Form to:
Trinity Classical Academy
P.O. Box 2283
Beaufort, S.C. 29901**