



Gospel of Grace Christian School
315 Central Avenue
Cheltenham, PA 19012

Pastor Recommendation Form

Phone:
(215) 663-1601

Fax:
(215) 663-1602

Email:
Mrsweidemanngcs
@gmail.com

Parents Fill Out:

Parent(s) Name(s): _____

Address: _____

Student(s) Name(s): _____

Pastor Fill Out:

Must be filled out by your pastor. After form is complete, please enclose in the provided pre-addressed envelope from the parent and mail to the address above.

Pastor's Name: _____ Phone #: _____

Name of Church: _____

Does the above family attend your church? _____ If yes, how often do they attend? _____

Are they involved in any ministries at the church? _____

Are they members of your church? _____

Do the above students attend Sunday School or Youth Group? _____

Do they attend on a regular basis? _____

Would you recommend this family for admissions to Gospel of Grace Christian School?

Additional comments: _____

Pastor's Signature: _____ Date: _____