



# OASISChristian

## Learning Centre

166 3<sup>rd</sup> Avenue, Bredell, Kempton Park, 1623  
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## PASTORS RECOMMENDATION FOR CHILD ENROLMENT

### Private & Confidential

Family Surname: \_\_\_\_\_ Child's surname: \_\_\_\_\_  
Father's first name: \_\_\_\_\_ First child's name: \_\_\_\_\_  
Mother's first name: \_\_\_\_\_ Second child's name: \_\_\_\_\_  
Residential address: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Telephone numbers: \_\_\_\_\_ (F) \_\_\_\_\_ (M)

### Pastor's Details: (To be completed by a registered Pastor/Minister)

Full names and surname: \_\_\_\_\_  
Name of Church: \_\_\_\_\_  
Position held at church: \_\_\_\_\_  
Cell number: \_\_\_\_\_  
Telephone numbers: \_\_\_\_\_ (W) \_\_\_\_\_ (H)  
Church stamp: \_\_\_\_\_

## Pastors Recommendation

The family has applied to have their child/children enrolled at our school and because a child's education is ultimately the parents' responsibility, it is important to know something about their background. Please answer all the questions accurately and with careful consideration and return it to the Oasis Christian School. Thank you for assisting us.

How long have you known this couple? \_\_\_\_\_ Years \_\_\_\_\_ Months

How well do you know them? ☐ Very Well ☐ Well ☐ Not so well

**What is their commitment to and involvement in the local church body?**

Are they registered members of your Church? ☐ Yes ☐ No

Do they attend regularly? ☐ Yes ☐ No

Do they attend a home cell group? ☐ Yes ☐ No

Do they support the local congregation? ☐ Yes ☐ No

**Does this person have a clear testimony of following Christ?**

Father: ☐ Yes ☐ No Mother: ☐ Yes ☐ No

Comment on the contribution you feel this family would make to the school community:

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What would you say their motivation is for sending their child to this school?

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Any further comments:

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Name of Pastor: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_