



PASTORS RECCOMMENDATION 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:

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

Any further comments:

Name of Pastor: _____

Signature _____

Date _____