



NEW STUDENT APPLICATION PASTOR RECOMMENDATION

SECTION I - To be completed by parent or guardian

Family Name _____

Home Address _____

Child(ren) applying to AACCS	_____	_____	_____	_____
	<i>Last Name, First Name</i>	<i>Current Grade</i>	<i>Last Name, First Name</i>	<i>Current Grade</i>
	_____	_____	_____	_____
	<i>Last Name, First Name</i>	<i>Current Grade</i>	<i>Last Name, First Name</i>	<i>Current Grade</i>

Church Name
and Address _____

SECTION II - Pastor Recommendation To be completed by the Pastoral Staff or a Ministry Leader.

~ CONFIDENTIAL ~ This family has applied for admission to Annapolis Area Christian School. As a Christian school, we affirm the role of the local Christian church and want to underscore the importance and value the church plays in the student's life. Therefore, we endeavor to work closely with the parents in their child's education within a Christ-centered community, knowing that the local church encourages young hearts for God and provides biblical teaching for the home.

1. I am the Senior Pastor of this Church ___ yes ___ no

If you are not the Senior Pastor, please tell us your relationship to this family:

2. How long have you known this family? ___ years ___ months

3. The father is (please check): ___ a church member ___ a regular attendee ___ don't know

The mother is (please check): ___ a church member ___ a regular attendee ___ don't know

4. Circle the number that best answers the question (scale: 1 = not active and 5 = very active):

Does the father participate in church-related activities? 1 2 3 4 5

Does the mother participate in church-related activities? 1 2 3 4 5

Do the children participate in church-related activities? 1 2 3 4 5

Comments _____

4. What words or phrases come to mind when describing this family? _____

5. Would you recommend this family for admission to AACCS? ___ Yes ___ No ___ Yes, with reservation

Comments _____

NAME AND TITLE OF PERSON COMPLETING THIS FORM: _____

TELEPHONE NUMBER: _____

SIGNATURE _____ DATE _____

PLEASE RETURN THIS FORM TO THE AACCS ADMISSIONS OFFICE
109 Burns Crossing Rd., Severn, MD 21144, or email admissions@aacsonline.org