

**PASTOR'S CONFIDENTIAL RECOMMENDATION FORM  
GLOUCESTER COUNTY CHRISTIAN SCHOOL  
DONALD A. NETZ - PRINCIPAL  
DNETZ@GCCS.CO**

**1. To be filled in by the family:**

Family Name \_\_\_\_\_

Family Address \_\_\_\_\_

Name and grade entering of children applying:

\_\_\_\_\_ Gr \_\_\_\_\_

\_\_\_\_\_ Gr \_\_\_\_\_

\_\_\_\_\_ Gr \_\_\_\_\_

\_\_\_\_\_ Gr \_\_\_\_\_

\_\_\_\_\_ Gr \_\_\_\_\_

After you have filled in Part 1 please give this to your pastor to complete and mail directly to the school. A pre-addressed stamped envelope would be appreciated.

**2. To be filled in by the Pastor:**

Is the above named family active in your church? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have any members of the family held leadership positions in the church?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

Are the children active in the youth program of the church? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you consider the children open to spiritual instruction? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is your understanding of this family's relationship to God?  
\_\_\_\_\_  
\_\_\_\_\_

Are there any matters that you feel would be helpful to us as a school that would help us make a decision concerning admission?

Do you recommend this family for admission to Gloucester County Christian School?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Pastor's Signature \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Church Name \_\_\_\_\_

Church Phone \_\_\_\_\_

Church Website \_\_\_\_\_

Today's Date \_\_\_\_\_

Please return to:  
Gloucester County Christian School  
151 Golf Club Rd.  
Sewell, NJ 08080

Thank you!