



Colorado West Christian School

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970-249-1094 (office)
970-249-7988 (fax)

Pastoral Recommendation Form

Please have the referring pastor, return this form directly to the school.

Applicant's Name: _____
Last First Middle

Parent(s) Name: _____

Dear Pastor,

The mission and vision of Colorado West Christian School is to partner with parents and our local churches to develop students into Christ-centered servant leaders who are academically and spiritually prepared for life after school. This information will aid in the admissions process as well as in the ministry which Colorado West Christian School will have with eh family if they become part of Colorado West.

We appreciate your completion of this form and your ministry in our community.

1. How long have you known this family or applicant? _____

2. Is this family involved in any areas of service to the local church or your congregation?

3. Please check the appropriate boxes:

<input checked="" type="checkbox"/>	Student Applicant	<input checked="" type="checkbox"/>	Parent(s)
<input type="checkbox"/>	Member	<input type="checkbox"/>	Member
<input type="checkbox"/>	Attends Church regularly	<input type="checkbox"/>	Attends church regularly
<input type="checkbox"/>	Attend youth group or Sunday school	<input type="checkbox"/>	Belongs to Small groups/Sunday school
<input type="checkbox"/>	Does not attend regularly	<input type="checkbox"/>	Does not attend regularly
<input type="checkbox"/>	Unfamiliar with this student	<input type="checkbox"/>	Unfamiliar with the parents

4. Please list any additional details you feel might be helpful in our admissions process. _____

5. Would you recommend that Colorado West Christian School accept this student?
_____ No _____ Questionable _____ Yes

6. Should a situation present itself where pastoral support is warranted are you willing to help? _____ Yes _____ No

Pastors

Name: _____

Signature: _____

Phone: _____

email: _____

Church Name: _____