



Colorado West Christian School

2705 Sunnyside Rd. Montrose, CO. 81401

Office #: (970) 249- 1094

Fax #: (970) 249-7988

Pastoral Recommendation Form

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

Student Name: _____

Family/Guardian 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 the 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 student/family?

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

3. Please check the appropriate boxes:

X	Student	X	Family/Guardian
<input type="checkbox"/>	Member	<input type="checkbox"/>	Member
<input type="checkbox"/>	Attends Church Regularly	<input type="checkbox"/>	Attends Church Regularly
<input type="checkbox"/>	Attends youth group or Sunday School	<input type="checkbox"/>	Attends youth group or 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 this student

4. Please list any information you feel as their pastor that would be helpful to us here at CWCS.

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

Pastor's Info:

Name: _____ Church Name: _____

Phone: _____ Email: _____

Pastor's Signature: _____ Date: _____