

Unity Christian School

711 10th Street, Fulton, IL
(815) 589-4196 (K-6)
(815) 589-3912 (7-12)
Fax (815) 589-4430

Unity Christian Preschool & Child Care
502 12th Street Fulton, IL
(815) 589-4940



Parent / Family Name

Child(ren)'s Name(s)

Address

City / State / Zip

PASTORAL RECOMMENDATION

Dear Pastor,

As part of the application process at Unity Christian School, we ask our parents to obtain a reference from their pastor. We do this because we believe that the training of our children can be most effective when the home has the support system of both the Christian school and the church. We require at least one parent to maintain regular and active involvement with the family in their local church. By answering these few questions, you enable us to have a clearer picture of the family's church involvement. We also trust this procedure will assist you in working with those families who list your church as their church home.

Please complete the following section at your earliest convenience and return this form to the school. If you have any questions, please feel free to call the school office. Thank you for your time and effort to complete this form. It is very beneficial to us in maintaining a quality Christian atmosphere here at Unity Christian School.

- _____ I have known this family for _____ years and am happy to recommend them to your school.
Please check which statement applies to the family's attendance at worship service:
_____ Entire family attends weekly OR approximately how often? _____
_____ Some members attend weekly OR approximately how often? _____
Who? Father _____ Mother _____ Child(ren) _____

- Please comment on ways you see this family exercising its faith in Jesus Christ.

- Please provide any information that would help us in making our decision to accept or decline enrollment to any of the Applicants:

- _____ I'm not well acquainted with this family personally, but they have been members of our church for _____ years.

- _____ I'm sorry, I don't know this family well enough to comment.

Pastor's Signature _____

Date _____

Church Name _____

Phone _____

Church Address _____

Church email _____

City/State/Zip _____

Please mail this form directly to: Unity Christian School – Admissions, 711 10th Street Fulton, IL 61252

Please check one: _____ The above information is strictly confidential
_____ The above information may be shared with the parent