



PASTOR RECOMMENDATION CENTRAL WISCONSIN CHRISTIAN SCHOOL

DATE OF APPLICATION _____

❖ **THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN BEFORE IT IS GIVEN TO YOUR PASTOR**

Parent/Guardian Name(s)			
Street Address		Home Telephone ()	
City	State	Zip	
Applying to: <input type="checkbox"/> 3K/4K Pre-School	<input type="checkbox"/> CWC Elementary Grades K-5	<input type="checkbox"/> CWC Middle School Grades 6-8	<input type="checkbox"/> CWC High School Grades 9-12
Name(s) of student(s) applying for admission:			
1.	2.	3.	
4.	5.	6.	

❖ **THIS SECTION TO BE COMPLETED BY PASTOR**

The above family is applying for admission to Central Wisconsin Christian School. Please answer the following questions and mail the completed form to the school address below. Thank you.

Does your church believe that the Bible is God's divinely inspired Word of God and forms the basis for our walk as His Kingdom workers? Yes No

Is this family a member of your church? Yes No

Does this family regularly attend worship services at your church? Yes No

In what church activities do members of this family participate?

What evidence of spiritual growth have you seen in this family?

Pastor Name	Pastor Signature	
Name of Church	Pastor Email	
Telephone ()	Pastor FAX ()	
Church Address		
City	State	ZIP

Please **return this completed form** to:
Advancement Office
Central Wisconsin Christian School
301 Fox Lake Road
Waupun, WI 53963