

Cathedral Baptist School

5622 35th St. • Rockford, IL 61109 • Phone 815-874-3883 • Fax 815-874-9714

www.cathedralbaptistschool.com

Pastor Recommendation Form

Applicant's Name _____
LAST FIRST MIDDLE PREFERRED NAME

Son/Daughter of _____ Applying for Grade _____

Dear Pastor,

Cathedral Baptist School focuses on bringing the home, church and school into a partnership for the purpose of training the next generation. Our ministry encourages the life-long, Bible-based, Christ-centered process of leading a child into a new identity with Christ, developing a child according to his/her specific abilities given to him by Christ, so that a child is empowered to live a life characterized by love, trust, and obedience to Christ. This information will aid in the admission process as well as the ministry of Cathedral Baptist School to the family if they become part of the CBS family.

We appreciate your completion of this form as well as your ministry in the community.

1. How long have you known this family or applicant? _____
2. Are they involved in any areas of service to your church? _____

Please check the appropriate boxes:

Applicant

Member
Attends church regularly
Belongs to youth group
or Sunday School Class
Does not attend

Parent(s)

Member
Attends church regularly
Belongs to Small Group
or Bible Fellowship
Does not attend

Please write any additional helpful comments:

PASTOR'S SIGNATURE

PRINTED NAME PLEASE

DATE

AREA OF MINISTRY

NAME OF CHURCH

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP

Please return this referral directly to Cathedral Baptist School.