

# New Covenant Christian School

## Pastor Recommendation

**NOTE TO PARENTS:** Please complete the information in the box, and then ask your Pastor to complete this form in its entirety and mail or fax it directly to the school. **Interviews will not be scheduled until this completed form is received by NCCS.**

<b>Student Name:</b> _____	<b>Grade in the Fall:</b> _____
<b>Parent(s) Name(s):</b> _____	<b>Phone:</b> _____
<b>Address:</b> _____	<b>City/State/Zip:</b> _____

**NOTE TO THE PASTOR:** Your evaluation of the above family will be very helpful to us in considering this student for admission to New Covenant Christian School. The information you provide will be held in strict confidence. Please complete this form in light of your knowledge of the student and his/her family, and fax, mail, or email it directly to NCCS. Thank you for your input.

**Please comment on the following:**

1. The student's spiritual life (Has this student made a commitment to Christ? Is he/she active in the church? Is he/she open to spiritual instruction?).

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2. Has this student been baptized?  Yes  No

3. How does this student demonstrate that he/she is a disciple of Christ? \_\_\_\_\_

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4. Is the student or the student's family a member of your church?  Yes  No

5. Have the parents of the student made a commitment to Christ?  Yes  No

6. How would you rate your pastoral relationship with this family?

Very Involved  Somewhat Involved  Involved through Delegation  Occasional Contact  No Contact

7. What is the level of family involvement in your church? (Please comment on attendance and support.)

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8. Is there anything in this student's personal or family life that you feel would be a hindrance to his/her successful functioning at NCCS?

Yes  No      If yes, please explain.

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9. Would you like us to call you for a follow-up?  Yes  No

10. Do you recommend that this student be admitted to NCCS?  Yes  No

Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Pastor's Name (Print): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Pastor's Signature: \_\_\_\_\_

Email: \_\_\_\_\_

*To Contact NCCS:*

Mail

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