

New Covenant Christian School

Pastoral Recommendation

NOTE TO PARENTS: Please complete the information in the box, and then ask your pastor, youth pastor, or children's minister to complete this form in its entirety and mail or fax it directly to the school. While this step is optional, it is strongly encouraged.

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

NOTE TO THE MINISTER: 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?).

2. Has this student been baptized? Yes No

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

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



Call: 517.323.8903
Visit: nccswarriors.org
Fax: 517.323.0421

Mailing Address:
PO Box 80737
Lansing, MI 48908

Site Address:
4415 W. St. Joseph Hwy
Lansing, MI 48917

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

Very Involved Somewhat Involved Occasional Contact No Contact Other: _____

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

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.

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: _____

Minister's Name (Print): _____ Minister's Email Address: _____

Church's City: _____ Minister's Signature: _____



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