

TIMOTHY CHRISTIAN SCHOOL  
2008 Ethel Road  
Piscataway, New Jersey 08854  
Phone: 732-985-0300 Fax: 732-985-8008

**PASTOR'S CONFIDENTIAL RECOMMENDATION FORM**

**Section I – FAMILY INFORMATION**

[to be filled in by applying student's parent/guardian]

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Home Church: \_\_\_\_\_

Names and Grades of Children applying to TCS: \_\_\_\_\_

\*\*\*\*\*

**Section II – PASTOR'S RECOMMENDATION**

[to be filled in by the Pastor and returned directly to TCS from the church office in 'letterhead' envelope]

Dear Pastor,

Application for admission has been submitted to Timothy Christian School for the child(ren) listed above. The Mission Statement of Timothy Christian School reads, "In partnership with the Christian home and church, we strive to provide the finest Christ-centered education, equipping students to live productive, God-glorifying lives." Since church attendance and participation are essential for a child's total education, we request that this form be completed by the family pastor as part of the admission process. *The family's application process is not complete until this form is received by the Admissions Office.*

Thank you, in advance, for your cooperation in this matter.

Producing God-glorifying lives,

The Admissions Committee  
Timothy Christian School

Pastor's Name: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

1. How long has this family fellowshiped with your church? \_\_\_\_\_

2. Are the parents/guardians members of your church? \_\_\_\_\_

3. Is the family active in your church?       Yes       No

If Yes, please indicate activities: \_\_\_\_\_  
\_\_\_\_\_

4. Are the children active in the youth program of the church?       Yes       No

5. Do you consider the children open to spiritual instruction?       Yes       No

If No, please explain: \_\_\_\_\_  
\_\_\_\_\_

6. What is your understanding of this family's relationship to God? \_\_\_\_\_  
\_\_\_\_\_

7. Are there any matters that you feel would be helpful to the school's administration in evaluating the family's application for admission to the school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Do you recommend this family to Timothy Christian School?       Yes       No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Pastor's Name: \_\_\_\_\_

(Please type or print.)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Your cooperation with the school in our efforts to provide a God-honoring, Christ-centered education to Christian families is appreciated. If you would like further information about the school, or if you would like to discuss the contents of this form with us, please check the box below.

Please call me.