



Pastor Recommendation

Email: Info@CornerstoneClassical.org
Web Address: www.CornerstoneClassical.org
Mailing Address: 1746 Coachtrail Drive, Hebron, KY 41048
Phone: (859) 760-5151

Parents: Please complete Section I and then give this form to your pastor to complete Section II.

SECTION I. TO BE COMPLETED BY A PARENT.

Family Name: _____

Address: _____

Names of Children Applying for Admission		Grade Entering	Names of Children Applying for Admission		Grade Entering
1.	_____	_____	4.	_____	_____
2.	_____	_____	5.	_____	_____
3.	_____	_____	6.	_____	_____

SECTION II. TO BE COMPLETED BY THE PASTOR AND SENT DIRECTLY TO THE SCHOOL.

Pastor Name: _____ Phone Number: _____

Name of Church: _____ Email Address: _____

Church Street Address: _____ City: _____ State: _____ Zip: _____

The above family is applying for admission of their child(ren) to Cornerstone Classical Christian Academy.

How long have you known this family? _____

How long has this family been attending your church? _____

Is this family a member of your church? _____

Please comment on this family's involvement in your church? _____

Please comment on this family's Christian life? _____

Do you recommend this family's child(ren) for enrollment in Cornerstone Classical Christian Academy? _____

Pastor's Name: _____ Title/Position: _____ Signature: _____

**Please Mail this Pastor Recommendation Form to:
Cornerstone Classical Christian Academy**

**Mailing Address: 1746 Coachtrail Drive
Hebron, KY 41048**

**If you have any questions, please call
(859) 760-5151
Or send an e-mail to**

Info@CornerstoneClassical.Org

THANK YOU!