

# **MIDDLETOWN CHRISTIAN SCHOOL**

**P.O. Box 100, Middletown, OH 45042-0100, Tel. (513) 423-4542, FAX (513) 423-1068**

Fill out the first half of this form and then give it to your church staff to complete and mail.

FAMILY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

NAMES OF CHILDREN APPLYING TO MCS:

NAME	GRADE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HOW LONG HAVE YOU ATTENDED THIS CHURCH? \_\_\_\_\_

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## **PASTORAL QUESTIONNAIRE**

The above family has applied to Middletown Christian Schools. As a distinctly Christian school, we ask them to provide a recommendation from their church. Please complete the information below and return the form to us directly. Please return within one week of receipt. Thank you!

Do you personally know this family? YES \_\_\_\_\_ NO \_\_\_\_\_

Do both parents attend church service regularly on a weekly basis? YES \_\_\_\_\_ NO \_\_\_\_\_

Do the children attend church services regularly on a weekly basis? YES \_\_\_\_\_ NO \_\_\_\_\_

Which members of this family are members of your church?

\_\_\_\_\_  
\_\_\_\_\_

If there are any additional significant factors which MCS should consider when enrolling these students, please include those comments with this form.

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

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

Telephone Number: \_\_\_\_\_ Name of Pastor: \_\_\_\_\_

\_\_\_\_\_  
Signature of Church Staff Member

\_\_\_\_\_  
Position in Church

Fold Here

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Middletown Christian School  
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Middletown, OH 45042-0100