

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? _____

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
P.O. Box 100
Middletown, OH 45042-0100