



Tyndale Christian School

52 Jacobson Drive, Lynnwood Ridge, Pretoria, 0081

Phone: (012) 361-2119 Fax: (012) 348-6141

e-mail: admin@ tyndaleschool.org.za

APPLICATION FOR ENROLMENT OF CHILD PASTOR'S RECOMMENDATION

To be completed by applicant:

Family Surname:..... Child's Surname:.....

Parent's First Names:(Mother) (Father)

Child's first Name:..... Date of Birth:

Dear Pastor,

This family has applied to have their child/ren enrolled at this school. Because we believe that the education and spiritual upbringing of a child is ultimately the parent's responsibility, we require some insight into the family's spiritual standing. Please could you be so kind as to complete this form as accurately as possible and return it directly to the school (via fax, post or hand delivery). Your assistance in this regard is greatly appreciated.

Yours in Christ,
The Principal

To be completed by Pastor:

NAME OF CHURCH:

DENOMINATION:.....

NAME OF PASTOR:.....

TEL. NO:..... (W) (C)

E-MAIL ADDRESS:

	FATHER	MOTHER
How long have you known this couple?	Years..... Months	Years..... Months
How well do you know them? <i>(Very well; Well; Not very Well)</i>		
Do you consider them to be true, practicing followers of Christ?		
Are they registered members of your church?		
Do they attend regularly?		
Are they involved in any of the church's ministries – if so please state which?		
Recommendation / comments		

I,(full name), state that I have provided this information as accurately as possible and to the best of my ability. I furthermore commit to assist the school in my role as the family's pastor in any matter that may require pastoral intervention. I will also endeavour to inform the principal of the school should a family situation occur which could impact on the child/ren. I will also endeavour to inform the principal of the school if they should cease to attend services regularly or if they resign from membership of the church.

.....
SIGNATURE

.....
DATE