



ANNAPOLIS AREA CHRISTIAN SCHOOL CHRISTIAN LIFE RECOMMENDATION FORM

SECTION 1: To be completed by the parent or guardian.

Please complete Section 1 and then provide this form to a member of your church's pastoral staff or ministry leader, or to someone who has been a spiritual / Christian life mentor or leader in your life (excluding relatives).

Parent / Guardian's Name/s: _____

Home Address: _____

Child(ren) applying to AACCS:

Last Name _____ First Name _____ Current Grade _____

Last Name _____ First Name _____ Current Grade _____

Last Name _____ First Name _____ Current Grade _____

Family's Church Name and Address: _____

SECTION 2: Recommendation:

This family has applied for admission to Annapolis Area Christian School. One of our Core Values is Visible Faith. We believe that faith is not only what we say we believe, but is also evident in actions, attitudes, and relationships. We desire to work in close partnership with parents who demonstrate visible faith and who want to develop and nurture their child's biblical understanding of life. We also want to help families determine whether AACCS is their school of choice. This recommendation form is part of that process. It is used solely for evaluation of admission to Annapolis Area Christian School. Since all admission files are held in strict confidence, we appreciate your open and forthright comments on each question. Thank you for your time and assistance.

Instructions:

Please respond to questions 1 and 2 and then any other questions you are able to answer.

1. Name _____

2. How long have you known this family? _____

3. What is your relationship to this family?

____ I am the Pastor of their church.

____ I serve in another pastoral or full time ministry role at their church.

____ I am their Bible study leader.

____ I serve in a Christian ministry or teaching role in which one or both parents participate.

____ I am a Christian friend who mentors one or both parents

____ other (please explain) _____

4. **Visible Faith:** How is this family's faith and love for Jesus Christ evident in their actions, attitudes, and/or relationships? *(If you are not familiar enough with the family to answer this question, please leave blank.)*

5. **Other Comments:** Please include any other comments you feel would give insight into this family as they apply for admission to AACCS. (If none, please leave blank.)

6. Do you recommend this family for admission to AACCS?

_____ Yes

_____ Yes, with reservation

_____ No

Signature _____ Date _____

If you'd like to send this to AACCS via email, please save the completed form and then attach it to an email to admissions@aacsonline.org. You can also mail the completed form to:

Admissions Office, Annapolis Area Christian School, 109 Burns Crossing Road, Severn MD 21144