

# Trinity Christian School

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[www.trinitywarriors.org](http://www.trinitywarriors.org)

*Instructions: Complete Section I and have your pastor, youth pastor, or Sunday School leader, who is familiar with your testimony and spiritual development complete Section II. If you have recently moved or changed churches, please request this reference from your former pastor/church leader. One form is necessary for each student entering PK-12<sup>th</sup> grade.*

## Pastor Recommendation Form

**Section I. To be completed by family** (Please Print).

Applicant's Name \_\_\_\_\_  
Last First Middle Preferred Name

Son/Daughter of \_\_\_\_\_ Applying for Grade \_\_\_\_\_

**Section II. To be completed by pastor or church leader. Please return directly to Trinity Christian School.**

Dear Pastor or Church Leader,

Kingdom Education, the philosophy at Trinity Christian School, focuses on bringing the home, church and school into a partnership for the purpose of training the next generation. Kingdom Education is defined as the life-long, Bible-based, Christ-centered process of leading a child into a new identity with Christ, developing a child according to his/her specific abilities given to him by Christ, so that a child is empowered to live a life characterized by love, trust, and obedience to Christ. This information will aid in the admission process as well as the ministry of Trinity Christian School to the family if they become part of the TCS family.

We appreciate your completion of this form as well as your ministry in the community.

1. How long have you known this family or applicant? \_\_\_\_\_

2. Are they involved in any areas of service to your church? \_\_\_\_\_

\_\_\_\_\_

Please check **All** boxes that apply:

**Student**

- Member
- Attends church regularly
- Belongs to youth group or Sunday School Class
- Does not attend

**Parent(s)**

- Member
- Attends church regularly
- Belongs to Small Group or Bible Fellowship
- Does not attend

Please write any additional helpful comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PASTOR'S SIGNATURE PRINTED NAME PLEASE DATE AREA OF MINISTRY

\_\_\_\_\_  
NAME OF CHURCH PHONE NUMBER

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

Please return this referral directly to Trinity Christian School by mail or fax.