



**PASTOR'S RECOMMENDATION**

Date: \_\_\_\_\_  
(Please fill out the top portion of this form and give to your pastor at your home parish)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Student(s) \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_

Sacraments Received \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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To be completed by church office

Father,  
Thank you for your prompt attention to this form. It is important that it be returned to CTKCS as soon as possible as our **application will not be processed until this form is submitted to the Admissions office at CTKCS.**

Date of Application \_\_\_\_\_  
On Parish Roll Yes \_\_\_\_\_ No \_\_\_\_\_ Number of years in Parish \_\_\_\_\_  
Participates in Parish Activities Yes \_\_\_\_\_ No \_\_\_\_\_  
The above family is: Tithing \_\_\_\_\_ Non-tithing \_\_\_\_\_

Current Parish \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Pastor's Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pastor's Signature \_\_\_\_\_ Date: \_\_\_\_\_