



**PASTOR RECOMMENDATION FORM**

Date: \_\_\_\_\_

Please complete the top portion and submit to your pastor at your home parish

Parent or Legal Guardian Name \_\_\_\_\_

Phone Number \_\_\_\_\_

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

Student \_\_\_\_\_ Grade \_\_\_\_ Sacraments Received \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_ Sacraments Received \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_ Sacraments Received \_\_\_\_\_

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To be completed by parish office

Father,

Thank you for your prompt attention to this Pastor Recommendation form. It is important that it be submitted as soon as possible to continue the Admissions process at CTKCS. You may mail this directly to: Christ the King Catholic School, PO Drawer 1890, Daphne, AL 36526, Attn: Admissions

On Parish Roll: Yes \_\_\_\_ No \_\_\_\_ Years in Parish \_\_\_\_ Participates in Parish Activities Yes \_\_\_\_ No \_\_\_\_

The above family is: Tithing \_\_\_\_ Non-tithing \_\_\_\_

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

Address \_\_\_\_\_

Pastor's Comments

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