

**PASTOR RECOMMENDATION (1 page)**

**CLASSICAL BEGINNINGS TUTORIAL**

P.O. Box 2362, Chattanooga, TN 37409



[Form updated 1-1-2018]

**This form should be returned to us by the Pastor. It is an essential part of this family's application.**

**Parents' names:** \_\_\_\_\_

**Child(ren) participating at Classical Beginnings:** \_\_\_\_\_

Dear Pastor,

This family is seeking additional help home schooling their children and have applied to participate at Classical Beginnings Tutorial. CBT is a half-day, four day a week educational ministry and is Christian and classical. Please complete this reference form as it pertains to this family and return it to Classical Beginnings Tutorial. All responses will be treated with confidentiality. If you have any questions, please call CBT at (706) 996-6516.

**Christian Commitment:** Check one.

- Evident and beyond question
- No evidence of commitment

**Church Attendance:** Check one.

- Faithful and regular
- Occasional
- Infrequent
- Never

**Church Relationship:** Check one.

- Members in good standing. How long has this family been members? \_\_\_\_\_
- Not members, but exhibit commitment
- Not supportive

**Knowing what you do about the reformed faith, do you recommend that this family participate in the tutorial program? \_\_\_\_\_ How long have you known the family? \_\_\_\_\_**

**Please comment on the Christian faith of this family evident by the fruit demonstrated by their children.**

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**Pastor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print name, Church and address:** \_\_\_\_\_

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