

THE STONEHAVEN SCHOOL Pastor Recommendation

Parents: Please complete Section I and then give this form to your pastor to complete Section II.

If you attend a large church, you may have this form completed by an elder, pastoral staff member, or other church leader.

SECTION I. TO BE COMPLETED BY A PARENT.

Family N	lame:
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Names of Children Applying for Admission	Grade Entering	Names of Children Applying for Admission		Grade Entering
1		3		
2	'	4		
I hereby authorize Stonehaven to contact the refe	rences below for a	additional information a	about my child.	Tes No
SECTION II. TO BE COMPLETED BY THE	PASTOR AND	SENT DIRECTLY TO	THE SCHOOI	
Pastor's Name:		Phone Number:		
Name of Church:		Email:		
Church Street Address:		City	State:	Zip:
The above family is applying for admission of t	heir child(ren) to	The Stonehaven School		
How long have you known this family?				
How long has this family been attending your c	1 10			
Is this family a member of your church?				
Please comment on this family's involvement ir				
	5			
Please comment on this family's Christian life.				
Do you recommend this family's child(ren) for	enrollment in Stor	nehaven?		
Pastor's Name:	Title/Position:	Signature		
Please mail this form directly to: The Stonehaven School Attn: Admissions 1480 Joyner Avenue, Marietta, GA 30060 OR Email the form to <u>admissions@stonehaven</u> If you have any questions, please call 770-874-		The Stonehaven School a and ethnic origin to all n generally accorded or ma does not discriminate on origin in administration policies, scholarship pr programs, athletic program and activities	ights, privileges, pr de available to stud the basis of race, col of its educationa ograms, financial	ograms, and activities dents at the school. It or, national and ethnic l policies, admissions assistance and loan