

## THE STONEHAVEN SCHOOL Pastor Recommendation

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

If you are a member of an large church and do not believe that the senior pastor knows your family well, you may have this form completed by an elder or pastoral staff member.

## SECTION I. TO BE COMPLETED BY A PARENT.

Family Name:				
Address				
Names of Children Applying for Admission	Grade Entering	Names of Children Applying for Admission	Grade Entering	
1				
2. hereby authorize Stonehaven to contact the				
SECTION II. TO BE COMPLETED BY	THE PASTOR AND SE	NT DIRECTLY TO THE SCHOOL	•	
Pastor's Name:	_	Phone Number:		
Name of Church:	Email:			
Church Street Address:	City	State: Z	ip:	
The above family is applying for admission	n of their child(ren) to The	e Stonehaven School.		
How long have you known this family? _				
How long has this family been attending y	our church?			
Is this family a member of your church? _				
Please comment on this family's involvem	ent in your church.			
Please comment on this family's Christian	life			
	me			
Do you recommend this family's child(rer	n) for enrollment in Stonel	naven?		
Pastor's Name:	Title/Position:	Signature:		

Please Mail this Form directly to: The Stonehaven School 505 Atlanta St. Marietta, GA 30060 OR Email the form to office@stonehavenschool.org OR Fax the form to 770-874-8886 If you have any questions, please call 770-874-8885. The Stonehaven School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, financial assistance and loan programs, athletic programs, and other school administered programs and activities