

## 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 Name:			
Names of Children	Grade	Names of Children	Grade
Applying for Admission	Entering	Applying for Admission	Entering
1	3		
2	4		
I hereby authorize Stonehaven to contact	the references below for addit	ional information about my child	. 🗆 Yes 🗖 No
SECTION II. TO BE COMPLETED E	BY THE PASTOR AND SEN	T DIRECTLY TO THE SCHOO	DL.
Pastor's Name:	Phone Number:		
Name of Church:	Email:		
Church Street Address:	City	State:	Zip:
The above family is applying for admis	sion of their child(ren) to The S	Stonehaven School.	
How long have you known this family?			
How long has this family been attending			
Is this family a member of your church?	?		
Please comment on this family's involve	ement in your church.		
Please comment on this family's Christi	ian life.		
Do you recommend this family's child(	ren) for enrollment in Stoneha	ven?	
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 admissions@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