

IMLAY CITY CHRISTIAN SCHOOL

7197 E. Imlay City Rd.

Imlay City, Michigan 48444

Phone: (810) 724-5695 Fax: (810) 724-5355

E-mail: icchristianschool@yahoo.com

PASTOR’S RECOMMENDATION

This letter is to recommend the family of _____
(Student’s name)

for admission into the Imlay City Christian School. The following criteria applies to this family:

_____ Father is an active member of this congregation

_____ Mother is an active member of this congregation

COMMENTS:

(PASTOR’S SIGNATURE)

(Church name)

(Date)

(Church Address)

(City/State/Zip Code)

(Telephone Number)