

## Church Partnership Form

As part of the application process we ask parents to share their desire for a Christian education with their pastor.

Please clearly print your information and then deliver this form to your church home.

### Family Information

Father's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mothers's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Child(ren) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church Name: \_\_\_\_\_ Church Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Pastor/Church Recommendation

### Instructions for the Pastor:

It is the mission of Ada Christian School, in partnership with Christian parents and their churches, to equip students for service in God’s world by integrating academic excellence with a distinctively Christian perspective.

We seek to join you in educating the whole child – mind, body and soul within Christian community. Your prayers for our work will be a source of strength to us as we faithfully hold our church families in prayer, also.

Please share any information that you believe will be helpful for us to know as we enter this partnership: \_\_\_\_\_

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Your comments will be held in the strictest confidence. Your signature signifies that this family is a part of your church community. If you have any questions or concerns in this regard, please contact Principal Melissa Brower at 616-676-1289.

Pastor’s Name (please print) \_\_\_\_\_

Pastor’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form directly to:

**Ada Christian School**  
6206 Ada Dr. SE  
Ada, MI 49301

Fax: (616) 676-9216

If you have any questions or need additional information, please call 676.1289.

Thank you again for your time. We appreciate your support.