



I/we understand that this recommendation and all recommendations remain completely confidential, and are NOT transferable.

Parent/Guardian Signature

Date

CRESPI CARMELITE HIGH SCHOOL
5031 Alonzo Avenue
Encino, California 91316
818 654-1329

Please fax or mail (in a sealed envelope) this form directly to Crespi Carmelite High School to:

Mr. Rob Kodama
Crespi Carmelite High School
5031 Alonzo Avenue
Encino, CA 91316
818/654-1329 Fax: 818/705-0209

PASTOR RECOMMENDATION FORM (Optional)

Applicant's Name: _____
(Please print)

Pastor Name: _____ Phone () _____
(Please print)

E-mail: _____

Place of Worship _____

Address: _____

Is the applicant an active member of the church? Yes _____ No _____
I do _____ I do not _____ recommend this candidate for admission.

Are there any comments you would like to offer concerning this applicant or family?

Your statement will become a part of our confidential admissions file for use only by appropriate officials of the school.

Your signature _____ Date _____