



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. Chris Malcolm '91  
Crespi Carmelite High School  
5031 Alonzo Avenue  
Encino, CA 91316  
818/654-1329 Fax: 818/705-0209

**PASTOR RECOMMENDATION FORM (Optional)**

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Applicant's Name: \_\_\_\_\_  
(Please print)

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Pastor Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(Please print)

E-mail: \_\_\_\_\_

Place of Worship \_\_\_\_\_

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

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**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 \_\_\_\_\_