



THE WESTMINSTER SCHOOL AT OAK MOUNTAIN
CHURCH RECOMMENDATION FORM
(One per family)

To: _____ (Name of Church)

From: _____

(Name and address of applying family)

(Please include the name of the pastor, elder, or deacon to whom you wish to direct this form and the name and address of the church.)

Re: Application for student admission to The Westminster School at Oak Mountain

Name of student(s) seeking admission: _____

To the applying family:

After completing the top portion of this form, please give this form to a pastor, elder, or deacon who knows your family well, and have him return this form directly to the school.

Please return directly to:

THE WESTMINSTER SCHOOL AT OAK MOUNTAIN
Attention: Admissions
5080 Cababa Valley Trace
Birmingham, AL 35242

Please answer the following questions concerning the above-named family.

Are the parents members in good standing in your church? Yes No

Is this family actively involved in the life and community of your church? Yes No

Please rate your recommendation of this family.

Highly recommend Recommend Conditionally recommend Do not recommend

Please rate your recommendation of this student.

Highly recommend Recommend Conditionally recommend Do not recommend

Comments (optional): _____

Signature: _____

Date: _____

Position: _____

Phone: _____