



**CHRIST THE KING CATHOLIC SCHOOL**

1503 MAIN STREET  
P.O. DRAWER 1890  
DAPHNE, ALABAMA 36526  
TELEPHONE: (251) 626-1692  
MAXWELL J. CRAIN, PRINCIPAL

**PASTOR'S RECOMMENDATION**

(Please fill out the top portion of this form and give to your pastor)

Date: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Student (s) \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

Sacraments Received \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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To be filled out by church office

Father,

Thank you for your prompt attention to this form. It is important that it be returned to CKCS as soon as possible as the **application will not be processed until this form is in our office.**

Date of Application \_\_\_\_\_

On Parish Roll Yes \_\_\_\_\_ No \_\_\_\_\_ Number of years in Parish \_\_\_\_\_

Participates in Parish Activities Yes \_\_\_\_\_ No \_\_\_\_\_

The above family is: Tithing \_\_\_\_\_ Non-tithing \_\_\_\_\_

Current Parish \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Pastor's Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pastor's Signature \_\_\_\_\_

Date: \_\_\_\_\_