



Church Information Form

Cornerstone Christian Academy
P.O. Box 5520, Philadelphia, PA 19143
Office (215) 724-6858; Fax (215) 724-2827

One form per incoming student.

To be filled out by parent/student:

Student Name: _____ **Applying for Grade:** _____ **Date:** _____

Best Contact Phone Number: _____

Name of Church: _____ **Telephone:** _____

Address: _____

Pastor's Name: _____

We do not have a church home at this time.

To be filled out by pastor:

The student above has applied to enter Cornerstone Christian Academy Middle School. Please fill out the information below to the best of your ability to aid the school in the selection process.

Is/Are the student's parent(s) active members of the church?

Mother Yes No
Father Yes No

How long have they been member(s)? _____

How often do they attend services at the church?

Every week Most weeks Occasionally

Is there an active youth ministry at the church?

Yes No

If yes, does the student participate in the youth ministry?

Yes No

What other ministries does the student participate in?

Pastor's Signature: _____

Date: _____