Algoma Christian School Athletics

External Student/Athlete Application

Please complete all of the following information.

Father's Name (First & Last): _____

Address: _____**City/Zip**_____

Contact #: _____

Email Address: _____

Mother's Name (First & Last): _____

Address:_____**City/Zip**_____

Contact#:_____

Email Address:_____

What is the marital relationship in your home?

Marital Status:_____

Child(ren) resides with: __Both Parents __Mother __Father __Guardian

Please list all children wishing to join teams.

1. _____ Sport_____ DOB_____ Gender___
2. _____ Sport_____ DOB_____ Gender___
3. _____ Sport_____ DOB_____ Gender___

List additional child(ren) on a separate page and attach.

Church:_____

Address:_____

_____

Telephone#:_____

Pastor:_____

___ Not affiliated with a Christian church at this time.

PASTOR'S CONFIDENTIAL RECOMMENDATION FORM

Please return completed form to:

Algoma Christian School
Attn: Morgan Kehoe
14471 Sparta Ave.
Kent City, MI, 49330

Part I (to be completed by the family)

After you, the parents, have filled in Part 1, please give this to your Pastor (with a stamped envelope addressed to the school) to complete and mail directly to the school.

Parents' Names:_____

Church:_____

Dear Pastor,

The above family from your congregation has asked that their child(ren) be allowed to participate in sports at Algoma Christian School. We view the Christian school as an extension of the work of the local church and highly value your recommendation for these/this youngster(s) to participate on the ACS sports teams. Please complete the information below and return it to us as soon as possible. Thank you for your support!

ACS Athletic Department

Part II (to be completed by the Pastor)

Does the above family regularly attend your church? YES NO

Could you briefly describe this family's role in your congregation?

Do you consider this family to be open to spiritual instruction? YES NO

Would you recommend this family as a positive addition to the ministry of Algoma Christian School? YES NO

PASTOR:_____

CHURCH:_____

CHURCH ADDRESS:_____

PHONE:_____

PASTOR'S SIGNATURE:_____