

Parental Recommendation

The IBI internship program is church related and supportive of parents' authority in student's lives. We, therefore, request your cooperation in completing this form. All information will be held in strictest confidence.

Name of Applicant: _____
Last *First* *MI*

Family Information:

Mr./Mrs. _____

What relationship is the applicant to you? _____

Has the applicant had any problems in submitting to your authority? ____ Yes ____ No

If yes, please explain:

Has the applicant read through and discussed with you the guidelines and standards of IBI? _____

Would you be supportive of these guidelines and standards? ____ Yes ____ No

Parental Church Information

Church you presently attend: _____

Pastor's name: _____ Phone: _____

Church Address: _____

Parental Approval

Do you fully approve of the applicant participating in IBI? ____ Yes ____ No

Additional comments: _____

Parent Signature: _____ Date: _____

Once you have completed this recommendation, please mail to:

City Church
IBI Registration Office
13123 I-10 Service Rd.
New Orleans, La. 70128