

***Parental Recommendation***

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The IBC 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 IBC?

\_\_\_\_\_

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

***Parental Church Information***

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Church you presently attend: \_\_\_\_\_

Pastor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Church Address: \_\_\_\_\_

***Parental Approval***

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Do you fully approve of the applicant participating in IBC? \_\_\_\_ Yes \_\_\_\_ No

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once you have completed this recommendation, please mail to:

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