

PASTOR'S REFERENCE FORM

This section to be filled out by the Applicant.

Family Name _____ Church Affiliation _____

Names of children applying to Heritage Christian School:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This section to be filled out by the Pastor.

Name of Church _____ Pastor's Name _____

Address of Church _____

Church Phone _____ Church Fax _____

1. How long have you known this family? _____

2. How long have they attended your congregation? _____

3. Does this family attend services and functions regularly? _____

4. Does this family have membership in your church? _____

5. List areas/ways in which this family is involved with/contributes to the life and ministry of the church.

6. List ways that you believe this student would benefit from attending Heritage Christian School.

7. Comments _____

Pastor's Signature _____ Date _____