

# PASTOR/PRIEST REFERENCE



After completing Part I, please give this reference form to the Pastor/Priest who knows your family well.

## **Part I** *(This part to be completed by parent.)*

Family Name (Parent/Guardian) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Child (ren)'s Names \_\_\_\_\_  
Name Age Name Age

## **Part II** *(This part to be completed by Pastor/Priest.)*

Dear Pastor:

Community Christian School provides an educational program for the children of Christian parents who believe that each academic discipline must be taught from a distinctively Christian perspective. The above named family has applied for admission to Community Christian School. Community Christian requires that at least one parent of each student be a professing Christian. The school would appreciate your responses to the following questions.

How long have you known this family? \_\_\_\_\_

Is at least one parent a professing Christian? Yes \_\_\_ No \_\_\_

Comments \_\_\_\_\_

Does this family regularly attend worship services? Yes \_\_\_ No \_\_\_

Comments \_\_\_\_\_

Do you believe there are any special circumstances of which we should be made aware?

Yes \_\_\_ No \_\_\_ Comments \_\_\_\_\_

*Pastor's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

Name of Church \_\_\_\_\_

Address of Church \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

*Thank you for your cooperation. Please mail this completed form directly to Community Christian School.*

Community Christian School  
208 East Main Street • PO Box 58  
Pease, MN 56363  
Phone: 320.369.4239 Fax: 320.369.4346  
Email: [ccs1@frontiernet.net](mailto:ccs1@frontiernet.net) • Web site: [www.ccspease.com](http://www.ccspease.com)