

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 _____

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
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Pease, MN 56363
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Email: ccs1@frontiernet.net • Web site: www.ccspease.com