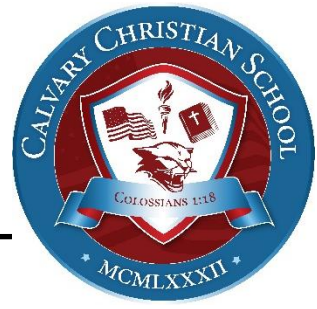


Calvary Christian School

748 Spainhour Rd. King, NC 27021 336-983-3743 FAX: 336-983-8426

www.calvarychristianschool.org



CONFIDENTIAL PASTOR REFERENCE FORM *(for students entering 7-12th grades)*

TO THE PARENT or STUDENT: Please complete the first section of this form (immediately below) and give it to your **pastor, assistant pastor or youth pastor**. Please note that your applicant cannot be considered for enrollment until this reference form has been returned to CCS.

Student's Name _____ Entering grade _____
Address _____ City _____ St _____ Zip _____
Home Phone _____ Cell Phone _____ Email Address _____

TO THE PASTOR: The student named above is a candidate for enrollment at Calvary Christian School of King, NC This student's acceptance cannot be finalized until we receive this referral from you, so your prompt response will be much appreciated. All information provided on this form will be kept in the **strictest confidence**. **Thank you for your time and assistance.**

This form may be completed by the pastor, assistant pastor or youth pastor on staff. Please answer each questions/statement as accurately as possible. **For #1-6 below please give a rating of 1-10 with 10 being the highest:**

Comment or explanation if needed

- | | | |
|---|-------|-------|
| 1. How well do you know this student | _____ | _____ |
| 2. How well do you know the student's family | _____ | _____ |
| 3. The student's interest in spiritual things | _____ | _____ |
| 4. The student's involvement in church | _____ | _____ |
| 5. How well the student gets along with peers | _____ | _____ |
| 6. The student's respect for authority | _____ | _____ |

How often does this student attend services at your church? All services Sun am Sun pm Mid-wk Special serv

How often does this family attend services at your church? All services Sun am Sun pm Mid-wk Special serv

In your opinion, who of the following give evidence of having accepted Christ as Savior?

- Applicant Father (or male in student's primary residence) Mother (or female in student's primary residence)

How long have you known the applying student? _____

How highly do you recommend this student? enthusiastically strongly fairly strongly with reservation

If you answered "with reservation", please explain: _____

Would you want your own children to be close friends with this applicant? Yes No (if no explain below)

If you answered "No", please explain: _____

Additional Comments: _____ (Use back if needed)

PASTOR'S INFORMATION:

Your Signature: _____ Date _____

Your name printed: _____

What is your relationship to the applying student? Pastor Assistant Pastor Youth Pastor

Church Name: _____ Phone _____

Church Address: _____ City _____ State _____ Zip _____

Please return this form within one week to Calvary Christian School by MAIL, FAX or EMAIL

Calvary Christian School, 748 Spainhour Rd. King, NC 27021 (Attn: Mr. Main); FAX: 336-983-8426; ccking@ccking.org)

PLEASE DO NOT RETURN THIS CONFIDENTIAL REFERRAL TO THE STUDENT