



Calhoun Christian School

PASTOR'S REFERENCE FORM

Dear Pastor:

The _____ family has applied for admission to Calhoun Christian School. We see ourselves as functioning best when our efforts can be combined with the Christian influence of the student's home and church. It would be of great help to us if you can give us your candid response to the following questions. Your responses will be kept confidential.

1. Is this family active in your church?
2. How long have you known this family?
3. Do they demonstrate a consistent desire to raise their children to love and serve Jesus Christ?
4. Do any of the applicants have special needs or strengths that you are aware of?
5. Are there any additional comments that you feel would be helpful for us to know about the family?

Please send this completed form to 20 S. Woodrow Ave. Battle Creek, 49015 or fax to 269-965-8038. Thank you for your time and prompt attention!

Name of Church _____

Pastor's Name _____

Church Address _____

Phone Number (____) _____ Email address _____

Signature _____

Date _____

20 S. Woodrow Ave.
Battle Creek,
Michigan 49015

269.965.5560
269-965-8038 Fax

www.calhounchristian.org