



CALHOUN CHRISTIAN SCHOOL

Academic excellence, upholding God's truth, challenging children to serve.

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 mail this completed form to:

20 S. Woodrow Avenue
Battle Creek, MI 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: _____

Signature

Date