

PASTORAL REFERENCE

TO BE COMPLETED BY THE PARENT(S):

Child's Name:				Child's Age:	
Father's Name: _	First		M.I.	Last	Yes [] No [] In Home?
Mother's Name:	First		M.I.	Last	_ Yes [] No [] In Home?
Marital Status: () Married	() Separated	() Single	() Remarried	() Divorced
Step-Parent/Gua	rdian: First	M.I	Last	()Cell Pho	one
	articipating r	nember of a Bib	ole teaching cl	arvest Christian School hurch. Are either you o rch? Where?	
1. Is your ch	nild a Christia	an?			
2. Briefly de	Briefly describe how you became a Christian and how your faith has affected your life.				
3. What are	What are your spiritual goals for your child?				
4. How do y	ou anticipat	e Harvest Chris	tian School w	ill facilitate the achiever	ment of these goals

NOTE: Please ask your pastor to complete the Pastoral Reference on back and return it to the school office as soon as possible.

TO BE COMPLETED BY A PASTOR:

	St	rudent Name:				
Dea	r Pastor,					
	s family has applied for admission to Harvest assist us in evaluating their application. Than	t Christian School. Your answers to the following questions ak you for your assistance.				
1.	How long have you known this family?					
2.	How well do you know this family?					
3.	Please describe the following:					
	ent's attendance at your church: Legular [] Occasional [] Infrequent	Child's attendance at your church: [] Regular [] Occasional [] Infrequent				
4.						
5.		Christian discipleship in the home?				
6.	Do the parents of the child particip	pate in any church activities? If yes, please describe.				
7.	Does the child participate in any church	activities? If yes, please describe.				
8.	Does the child have any problems of wh	ich we should be aware?				
	Please provide your overall recommendation Christian School.	as to the family's qualification for admission to Harvest				
	Highly Recommend	Recommend				
	Hesitate to Recommend	Do not Recommend				
Prin	ted Name:	Position:				
		Date:				
		Phone:				
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