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# P A S T O R / C H U R C H L E A D E R

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## REFERENCE FORM

### Community Christian School

Student's name	Applying for grade
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Parent's name/s
Do you personally know the family? [yes] [no]
How long have you known the applicant?
How long has the family/applicant been attending your church?
Is the family/applicant a member of your church? [yes] [no]
Which of the family members, including the applicant, are Christians (have made a public profession)?
Please describe the family's participation in the work of the church.
On the basis of your knowledge of the applicant and his/her family
<input type="checkbox"/> I recommend this applicant without reservation.
<input type="checkbox"/> I recommend this applicant with reservation.
<input type="checkbox"/> I cannot recommend this applicant at this time
Additional comments, if desired:

Signed	Date
Name (please print)	Title
Church name	Church phone
Church address	E-mail
City	State Zip

**Please note that this information will remain confidential.**

**The completed reference form should be faxed to (850) 668-3966 or returned to Community Christian School, 4859 Kerry Forest Parkway, Tallahassee, FL 32309.**