



GRACE CHRISTIAN SCHOOL

Pastoral Reference Form

Student Name: _____
Last First Middle

has applied for admission at Grace Christian School. The following form should be completed by the student's pastor and should be returned **directly** to our school office by fax or email using the contact information on the bottom of this form. The admissions process cannot be finalized without this completed form.

PLEASE RATE THE FOLLOWING CHARACTER QUALITIES/DESCRIPTIONS:

	Above Average	Average	Below Average
Church Attendance			
Study Habits			
Attitude			
Participation at Church			
Respect for Authority			
Consideration of Others			
Responsibility			
Conduct/Behavior			
Integrity			
Cooperation with Authority			
Cooperation with Parents			

General Comments:

Please comment on any reservations that may not have been addressed above. _____

Please comment as to the student's knowledge of the Word of God. _____

Do you believe this student to be able to function in the environment of a Christian school with high expectations of Christian principles and behavior? _____

Pastoral Personal Information

Would you recommend this student to Grace Christian School? Yes No Please contact me

Pastor's Name: _____
Last First Middle

Name of Church: _____

Email address: _____ Phone Number: _____

Signature of Pastor: _____ Date: _____