



**Pastor's Confidential Reference Form**

**IF YOU FILLED THIS OUT IN 2024-2025, YOU DO NOT NEED TO FILL IT OUT AGAIN.**

**Part 1: To be filled out by the family:** (After completion of Part 1, please give this to your pastor to complete and mail to the school address listed below.)

Parent's Names \_\_\_\_\_ Home Phone # \_\_\_\_\_

Name of student applying \_\_\_\_\_

Church Attending \_\_\_\_\_ Pastor \_\_\_\_\_

I, the undersigned, voluntarily waive any right or privilege provided by Public Law 93-380 to inspect or challenge the content and comments expressed in this personal recommendation.

Parent's Signatures \_\_\_\_\_ Date \_\_\_\_\_

**Part 2: To be completed by the Pastor:** The above family has applied for enrollment at Trinity Christian School . Would you please complete the questionnaire below.

1. Is this family an active member of your church? \_\_\_\_\_

2. Do they attend church weekly? \_\_\_\_\_ monthly? \_\_\_\_\_ Occasionally? \_\_\_\_\_

3. To the best of your knowledge, could you share the spiritual status of this family? \_\_\_\_\_

\_\_\_\_\_

4. Do any members of the family hold leadership positions in the church? \_\_\_\_\_ If yes, in what capacity? \_\_\_\_\_

\_\_\_\_\_

5. Are the parents actively involved in the spiritual training of their children? \_\_\_\_\_

\_\_\_\_\_

6. Do you believe this family will be willing to work closely with the school in the education of this child (children)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. How have you seen God work in the family recently? \_\_\_\_\_

8. Any further information which could help us in our consideration of this family would be appreciated. \_\_\_\_\_

9. Considering the age of the student applicant, if you are able to answer any of the following, it would be very much appreciated:

	Excellent	Good	Needs Improvement
Self Discipline	_____	_____	_____
Response to parental authority	_____	_____	_____
Responsibility	_____	_____	_____
Acceptance by others	_____	_____	_____
Honesty	_____	_____	_____
Leadership Ability	_____	_____	_____
Influence on others	_____	_____	_____
Relationship to siblings	_____	_____	_____

Additional comments: \_\_\_\_\_

10. Does this student have special abilities you have noticed? \_\_\_\_\_

11. Does this student have any emotional or physical problems that would hinder them in a strict learning environment?

12. Do you believe this student would be a positive contribution to Trinity Christian School? \_\_\_\_\_

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return to the Principal at the address below as soon as possible. Thank you for your assistance.**