

XVII. PASTOR'S REFERENCE FORM

This section to be filled out by the applicant

Family Name: _____ Church Affiliation: _____

Names of child/children applying to Heritage Christian School

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

This section to be filled out by the Pastor.

Name of Church _____ Pastor's Name _____

Address of Church _____

Church Phone _____ Church Email _____

1. How long have you known this family? _____

2. How long have they attended your congregation? _____

3. Does this family attend services and functions regularly? _____

4. Does this family have membership in your church? _____

5. List areas/ways in which this family is involved with/contributes to the life and ministry of the church.

6. List ways that you believe this student would benefit from attending Heritage Christian School.

Comments: _____

Pastor's Signature _____ Date _____

Fax: 1-250-862-4943 Email: international@heritagechristian.ca