



# East Liverpool Christian School

46682 FLORENCE STREET EAST LIVERPOOL, OHIO 43920

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## **PASTOR REFERENCE FORM**

Dear Pastor,

We believe it is vital for the home, church, and school to work together in the development of children. Thank you so much for helping us get to know this family better. The family has signed an "Authorization to Release Reference."

Name of Applicant: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

### **Church Attendance Practice :** **(circle one)**

Father:	Regular	Seldom	Never
Mother:	Regular	Seldom	Never
Applicant:	Regular	Seldom	Never

### **Active Participation in church program:** **(circle one)**

Father:	Yes	No
Mother:	Yes	No
Applicant:	Yes	No

With the knowledge you have of the East Liverpool Christian School explain how you feel this student and family will co-operate with our school program?

Student: \_\_\_\_\_

Parents: \_\_\_\_\_

Other information you feel will be helpful in evaluating this family:

\_\_\_\_\_  
\_\_\_\_\_

Pastor's Signature \_\_\_\_\_ Phone(\_\_\_\_)\_\_\_\_\_

Church \_\_\_\_\_ Date \_\_\_\_\_

Please mail or fax this form to the school.