

**FREDERICKSBURG CHRISTIAN SCHOOLS
PASTORAL REFERENCE**

Family Name: _____

Student(s) Name(s): _____

Parents:

We ask that your Pastor (or Youth Pastor) complete this reference for your family as part of the application for admission to Fredericksburg Christian School. Fredericksburg Christian School believes that the involvement of your family in your church is of vital importance in the day-to-day development and training of young people. There are also times when the partnership of the school, the home and the church may be of considerable help in offering unified direction to a young person. We desire to establish this link with your Pastor.

If you do not presently have a church home, please have an adult who is not a family member fill out this reference.

If you are not attending church on a regular basis, would you consider regular attendance?

_____ YES _____ NO

Pastor (or other designated adult): _____

Title/Position _____

Please provide your written recommendation and reference regarding the family and student(s) listed above. Please be frank in your responses; all information that you provide on this form is confidential and will not be shared with anyone other than our school administration for the purpose of making admission decisions. Thank you!

1. Is this family active in your church?

_____ Regularly _____ Occasionally _____ Seldom _____ Never

Comments: _____

2. In your estimation, does this family exhibit a commitment to raise their children according to the principles of God's Word?

_____ Yes _____ No _____ Insufficient knowledge to make an evaluation

Comments: _____

3. Does this student (or students) exhibit a respect for the authority of his (or her) parents?

____ Very Respectful ____ Generally Respectful ____ Often Disrespectful

Comments regarding the level of responsibility, maturity and spiritual openness of this student (or students) would be appreciated:

4. Are you in support of this family's application and admission to Fredericksburg Christian School?

____ Strongly ____ Moderately ____ I have reservations

Comments: _____

Signature of Pastor/Individual

Print Name

Church Name/or relationship to family

Mailing Address of Church/Individual

Date

Telephone Number of Church/Individual

Please return to:

***Fredericksburg Christian Schools
Admissions-Mrs. Marie Stanley
9400 Thornton Rolling Road
Fredericksburg, VA 22408***