

# Calvary Chapel Christian School

7175 West Oquendo Road • Las Vegas, NV 89113

Phone (702) 248-8879 • Fax (702) 220-8694

# Pastoral Reference

**To Be Completed by Applicant: This form can be faxed, mailed or hand delivered to the school office.\*\***

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip Home Phone

Students Applying: \_\_\_\_\_  
Name Grade Name Grade

I hereby give my permission to release the reference information below to Calvary Chapel Christian School.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
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### To Be Completed by Pastor:

- How long have you known this family? \_\_\_\_\_
- How well do you know the applicant? \_\_\_\_\_
- Parent's relationship to your church: Member \_\_\_\_ Non-member \_\_\_\_ Active \_\_\_\_ Non-active \_\_\_\_
- Family's attendance at your church: Regular \_\_\_\_ Occasional \_\_\_\_ Seldom \_\_\_\_

Which members of the family are to the best of your knowledge born again Christians?

- Father: Yes \_\_\_\_ No \_\_\_\_ Student's Name \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_
- Mother: Yes \_\_\_\_ No \_\_\_\_ Student's Name \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

Which church activities do the applicants participate in? \_\_\_\_\_

Our school believes that in order to become a Christian and inherit eternal life, one must:

- 1) Realize he is a sinner (Romans 3:10, 23)
- 2) Believe that Jesus died for his sins (John 3:16; Romans 10:9,10)
- 3) Ask Jesus Christ to come into his life and take away his sins (John 1:12).

Do you believe these steps are necessary for salvation? Yes \_\_\_\_ No \_\_\_\_

Do you believe there is anything additional which a person must do in order to receive salvation? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain \_\_\_\_\_

Do the applicants have any problems of which we should also be aware? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain \_\_\_\_\_

Please provide your general recommendation as to the applicants' qualifications for admission to CCCS.

Highly Recommend \_\_\_\_ Recommend \_\_\_\_ Hesitate to Recommend \_\_\_\_ Do Not Recommend \_\_\_\_

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_

Church Name \_\_\_\_\_ Church Phone \_\_\_\_\_

Church Address \_\_\_\_\_  
Street Address City State Zip