



# CALVIN CHRISTIAN SCHOOL



*Deeply Rooted, Bearing Fruit*

## Pastor Reference

After completing Part I, please give this reference form to a pastor or church leader who knows your family well.

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### Part I (to be completed by parent/guardian)

Family name (parent/guardian) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child(ren's) names \_\_\_\_\_

### Part II (to be completed by pastor)

Dear Pastor:

Calvin Christian School provides an educational program for the children of Christian parents who believe that each academic discipline must be taught from a distinctively Christian perspective.

The above named family has applied for admission to Calvin Christian School. Calvin Christian requires that at least one parent (or legal guardian) of each student be a professing Christian. The school would appreciate your responses to the following questions.

How long have you known this family? \_\_\_\_\_

Is at least one parent/guardian a professing Christian? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments \_\_\_\_\_

Does this family regularly attend worship services? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

Are there any special circumstances of which we should be made aware? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

Pastor's name (please print) \_\_\_\_\_

Pastor's signature \_\_\_\_\_

Name of Church \_\_\_\_\_

Address of Church \_\_\_\_\_

**Thank you for your cooperation. Please return this completed form directly to:**

Calvin Christian School  
4015 Inglewood Ave. S.  
Edina, MN 55416  
Fax: 952-285-7644